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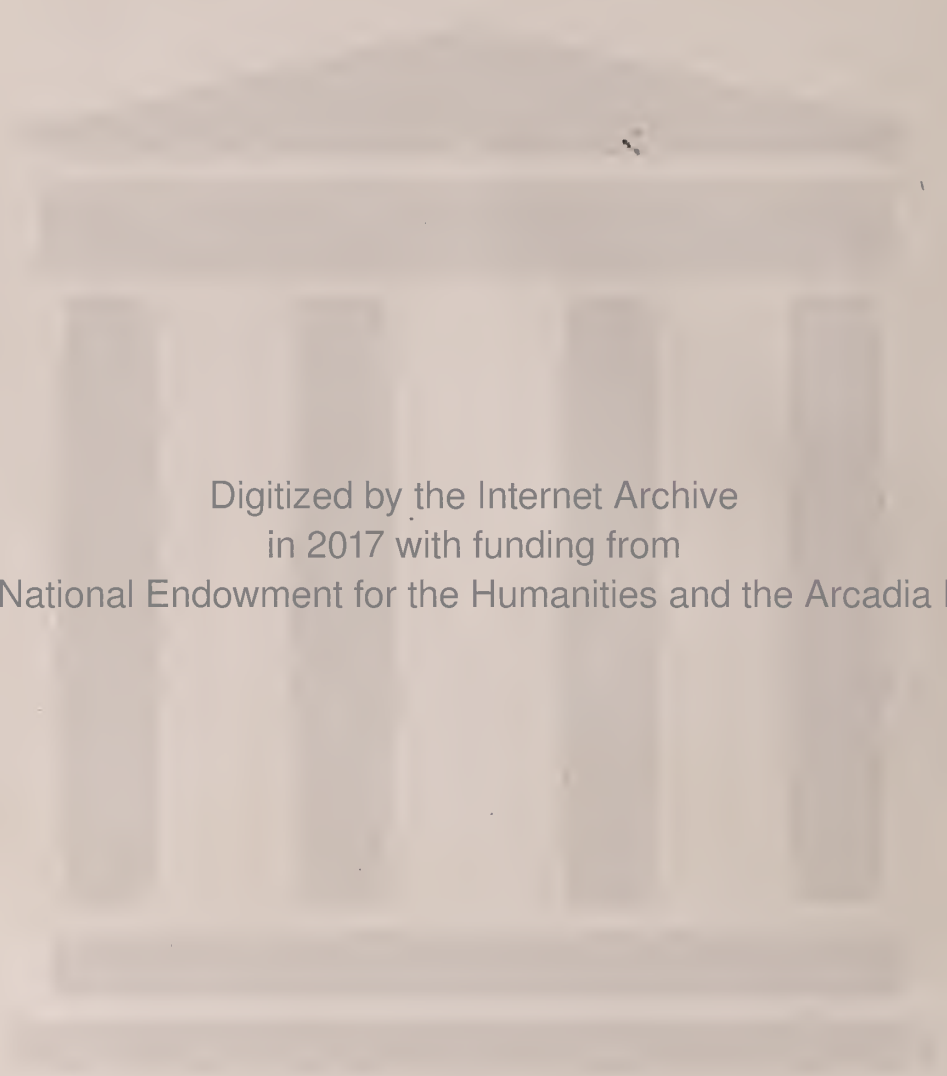
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— OF THE —

## Arkansas Medical Society

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VOLUME IX  
No. 1

LITTLE ROCK, JUNE, 1912

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### CONTENTS

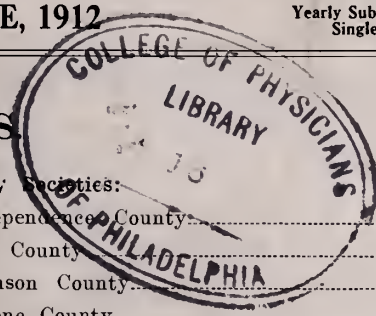
**Annual Address—Medical Activities and Their Relation to the Public Welfare—Delivered by President Morgan Smith, at the Thirty-sixth Annual Session of the Arkansas Medical Society** ..... 1

#### Editorials:

Our President..... 6  
Education in Health and Sanitation..... 6  
Alumni Meetings at Hot Springs..... 7  
Personals ..... 7

#### County Societies:

Independence County..... 7  
Yell County..... 8  
Johnson County..... 8  
Greene County..... 8  
Pope County..... 8  
**Books Received**..... 8  
**Proceedings of the Thirty-sixth Annual Session of the Arkansas Medical Society**..... 9

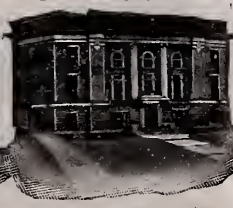


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### CONTENTS.

#### Original Articles:

- Importance of Early Diagnosis in Appendical Disturbances—By C. R. Shinault, M. D. .... 37
- Chairman's Address, Section on Medicine—By Howard P. Collings, M. D. .... 40
- Chairman's Address, Section on Diseases of Children, The Duty of Physicians to Teach Mothers—By William Crutcher, M. D. .... 42
- Chairman's Address, Section on Dermatology and Syphilology—By William R. Bathurst, M. D. .... 44
- Climate in Tuberculosis—By J. S. Shibley, M. D. .... 47
- Adenoid Vegetation and Nasal Occlusion, with Special Reference to Their Influence Over Cerebration—By John M. Wallace, M. D. .... 48

#### Editorials:

- Personal Liberty vs. The Welfare of the Race. .... 52
- Muzzling the Dog. .... 53
- Put the Quack Medicine Vendors Out of Business. .... 54
- Safeguarding the Public Health. .... 54

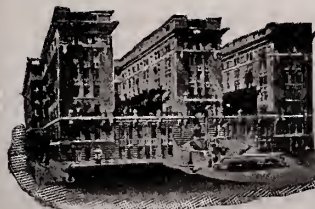
#### Editorial Clippings:

- New Treatment for Rheumatism. .... 55
- An Important Step in the Study of Malaria. .... 55
- Pellagra Not Contagious—No Reason for Quarantine. .... 55
- Vaccinate All and End Smallpox. .... 56
- Dr. Shibley Resigns Sanatorium Head. .... 56

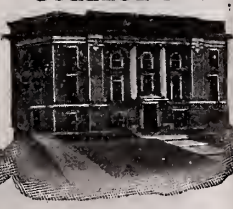
Personals	57
Announcements:	
The National Society of Obstetricians	57
Drs. Pettey & Wallace, Sanatorium, Change of Address	57
Dr. Katherine L. Storm	57
The Proctologist	57
The Medical Association of the Southwest	58
In Memoriam:	
Dr. A. A. Hornor	58
County Societies:	
Jefferson County	59
Benton County	60
Franklin County	60
Washington County	60
Marriages	60
Deaths	60
Notices	60
Book Reviews	60

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### CONTENTS.

#### Original Articles:

- Tumors of the Urinary Bladder, by E. S. Judd,  
M. D., Rochester, Minn..... 61
- The Diagnosis and Treatment of Pruritis, by  
Isadore Dyer, Ph. B., M. D., New Orleans,  
La. .... 68
- What the General Practitioner Too Often Over-  
looks, by William Breathwit, M. D., Pine  
Bluff ..... 75

#### Editorials:

- Our Duty to Unborn Generations..... 80
- Industrial Hygiene and the International  
Congress ..... 81

- Personals ..... 81

#### Announcements:

- Hot Springs in October..... 81

#### County Societies:

- Jackson County ..... 82
- Franklin County ..... 82
- Yell County..... 82

- Book Reviews..... 82

- Officers of the American Medical Association,  
1912-13 ..... 85

- Officers of the Arkansas Medical Society, 1912-13 85

- Medical Boards..... 86

- Officers of Component Societies, 1912-13..... 86

- Members of Arkansas Medical Society..... 87

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### CONTENTS.

#### Original Articles:

- Testing the Efficiency of the Collateral Circulation as a Preliminary to the Occlusion of the Great Surgical Arteries—By Carroll W. Allen, M. D., New Orleans, La..... 91
- Bacterins and Bacterin Therapy—By A. L. Carmichael, M. D., Little Rock..... 98
- The Surgical Side of Pediatrics—By E. E. Barlow, M. D., Dermott, Ark..... 102

#### Editorials:

- Defective School Children..... 106
- Medical Department of the University of Arkansas ..... 108

#### Editorial Clippings:

- Individual Towels..... 109

- Personals ..... 109

#### Announcements:

- Preliminary Program of the Coming Meeting of the Medical Association of the Southwest ..... 110
- Railroad Rates..... 111
- Examination for Trained Nurse..... 111
- Book Reviews..... 111

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### CONTENTS.

#### Original Articles:

- Pathology of the Different Lesions of Syphilis, by  
L. R. Ellis, M. D., Hot Springs..... 113
- The Diagnostic Value of the Reaction Following the  
Intravenous Injection of Salvarsan, With a Few  
Remarks Upon the Therapeutic Value of the  
Drug, by Abner H. Cook, M. D., Hot Springs..... 118
- Drainage Tube for the Female Bladder, by R. C.  
Dorr, M. D., Batesville..... 127

#### Editorials:

- A Call to Duty..... 128

#### Personals

- ..... 129

#### News Items:

- University of Arkansas Medical Department Opened..... 129
- Department of Health Notice..... 129
- The Tri-State Medical Society of Arkansas, Louis-  
iana and Texas..... 130
- Medical Association of the Southwest..... 130
- Southern Medical Association..... 130

#### Therapeutic Notes:

- Treatment of Leucoplakia..... 130
- Regarding the Use of Vaccine in the Treatment of  
Typhoid Fever..... 131
- Some Valuable Products for the Treatment of Dis-  
eases of Bacterial Origin..... 131
- To Avoid Irritation From Iodine Applications..... 131
- Acne—Local Treatment of..... 132
- Spray for Nasal Catarrh..... 132
- To Prevent Loosening of Teeth..... 132
- A Disguise for Castor Oil..... 132

#### County Societies:

- Union County..... 132
- Greene County..... 132
- Benton County..... 133

- Book Reviews..... 133

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### CONTENTS.

#### Original Articles:

- Gall Stones, by James A. Foltz, M. D., Fort Smith ..... 137
- Thoracic Aneurysm—Report of Two Cases, by James H. Chesnutt, M. D., Hot Springs 140
- Diagnosis of Some Urinary Affections, by J. K. Smith, M. D., Texarkana, Tex. .... 143

#### Editorials:

- The Late Dr. E. R. Dibrell ..... 147
- Conference of State Secretaries ..... 149
- The Post-Graduate Study Course ..... 149

- Personals ..... 150
- News Items ..... 151
- Seventh Annual Meeting of the Medical Association of the Southwest ..... 152
- District Medical Societies:
- First District ..... 155
- Third District ..... 156
- County Societies:
- Lawrence County ..... 156
- Book Reviews ..... 156

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### CONTENTS.

#### Original Articles:

A Report of Caesarean Section and a Porro Caesarean Section, by William V. Laws, M. D., Hot Springs .....	157
Sarcoma of the Naso-Pharynx, by R. C. Dorr, M. D., Batesville .....	159
Open Treatment of Fractures of the Long Bones, by M. G. Thompson, M. D., Hot Springs.....	162
Personal Experience in the Treatment of Pellagra, by C. J. March, M. D., Fordyce.....	165
The X-ray as a Diagnostic Agent in Medicine, by A. M. Zell, M. D., Little Rock.....	166

#### Editorials:

Christmas Greetings .....	169
Dr. G. A. Hebert Elected President.....	169
Statewide Anti-Tuberculosis Work.....	169
A State Charity Hospital Needed.....	169
Pensions for Mothers.....	170
New Year's Resolutions.....	172

Personals .....	172
Married .....	173
News Items:	
Abstract of Prof. C. H. Brough's Address to Medical Students .....	173
Amendments .....	173
Sporotrichosis in Arkansas .....	174
The New Saunders Building .....	174
County Societies:	
Sebastian County .....	174
Pulaski County .....	175
Johnson County .....	175
Independence County .....	175
Book Reviews .....	175

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### CONTENTS.

#### Original Articles:

- The Role of the Appendix in Indigestion, by J. P. Runyan, M. D., Little Rock..... 181  
Public Health, by W. A. Evans, M. D., Chicago..... 183

#### Editorials:

- The New Fiscal Year..... 191  
A Disgrace to the State..... 191  
Mayor Taylor's Re-election..... 192  
Board of Health and the Hookworm Campaign..... 192  
Annual Report on Hookworm..... 193  
Southern Conference on Hookworm..... 194

#### Personals and News Items:

- Personals..... 195  
Report of the State Medical Board..... 195  
Microbes Lurk in Sugar Bowls..... 195  
An Act for the Better Protection of Public Health..... 196

#### County Societies:

- Union County..... 203  
Greene County..... 203  
Yell County..... 203  
Washington County..... 203  
Mississippi County..... 203  
Faulkner County..... 203  
Conway County..... 204  
Boone County..... 204  
Book Reviews..... 204

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### CONTENTS.

#### Original Articles:

- Our Professions and the Sick Man, by W. A. Snodgrass, M. D., Little Rock.....205  
Involution of the Uterus, or the Care of the Puerperium, by E. N. Davis, M. D., Little Rock.....207  
Sterilization of the Skin in Emergency Work, With Special Reference to Benzene-Iodin and Iodin Methods, by Chas. H. Holt, M. D., Fort Smith.....211  
Some Observations on the Occurrence of Chills at Irregular Intervals, That Are Usually Pronounced of Malarial Origin, by T. M. Fly, M. D., Little Rock.....213  
"Do Right," by T. F. Taylor, M. D., Osceola.....214

#### Editorials:

- Why You Should Patronize Our Advertisers.....216  
Next Annual Meeting of the State Society.....216  
The Best Can Always Be Made Better.....217  
Is Friedmann's Alleged Cure a Commercial or a Scientific Proposition?.....217  
Visit of Dr. Dowling and the Health Train.....218  
Typhoid in City and Country.....218  
Anti-Tuberculosis Agitation.....218  
A Live Medical Society Secretary.....219  
1,200 Children Refuse Vaccination.....220  
Departure of Dr. A. E. Sweatland.....220  
Health Bill Passes.....220

#### Editorial Clippings:

- Good Health a Business Proposition.....220

#### Personals and News Items:

- Personals.....222  
Philippine Civil Service Examination.....223  
Federation of State Medical Boards.....223  
Diabetes Mellitus.....224  
A New Work on the History of Medicine.....224  
Conference for Education in the South.....224

#### County Societies:

- Jefferson County.....224  
Washington County.....224  
Drew County.....225  
Montgomery County.....225  
White County.....225  
Lee County.....225  
Pulaski County.....225

- Book Reviews.....226

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### CONTENTS.

#### Original Articles:

- Acute Suppurative Otitis Media, by W. T. Mc-Curry, M. D., Little Rock..... 229
- The Obstetrician and the Perineum—His Care of During and After Labor, by Allen E. Cox, M. D., Helena ..... 232
- Justification of Animal Experimentation, by S. B. Hinkle, Sophomore Class, 1913, U. of A., Medical Department ..... 237
- The Importance of Oral Hygiene to the Physician, by Elbert Stewart, D. D. S., Little Rock..... 241

#### Editorials:

- Statement of Ownership, Etc..... 243
- Our New State Board of Health..... 243
- Our Next Annual Meeting..... 244
- Undergraduate Work ..... 244
- Need of a Charity Hospital..... 245

#### Personals and News Items:

- Personals ..... 246
- Dr. Runyan Is Honored..... 246
- Pike County Physicians Organize..... 247
- Fire at the Medical Department of the University of Arkansas ..... 247
- Sebastian County Cottage at Booneville..... 247
- Governor Appoints Nurse Examiners..... 247

#### Communications:

- Letter from Dr. Cargile..... 248
- Medical Directors Meet, by H. H. Niehuss, M. D., Fort Smith ..... 248
- Will Be Appreciated Some Day, by C. R. Shinault, M. D., Little Rock..... 249

#### Deaths ..... 250

#### County Societies:

- Chicot County ..... 251
- Columbia County ..... 251
- Pulaski County ..... 251

#### Book Reviews ..... 252

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### CONTENTS.

#### Original Articles:

- Pathological Uterine Hemorrhages, by W. R. Brook-  
sher, M. D., Fort Smith..... 255
- Indispensable Adjuncts in Diagnosis, by E. D. Hol-  
land, M. D., Hot Springs..... 258
- Laryngeal Diphtheria, by R. H. T. Mann, M. D.,  
Texarkana ..... 262
- Management of Chronic Cystitis in the Female, by  
T. J. Stout, M. D., Brinkley..... 264
- Co-operation Between Physician and Pharmacist  
Through the Prescribing of Pharmacopeial and  
National Formulary Preparations, by E. G. Eberle,  
Ph. D., Dallas, Tex..... 266
- The physician, Pharmacist and Proprietary Medi-  
cine, by Allen E. Cox, M. D., Helena..... 269

#### Editorials:

- Let's All Clean Up..... 273
- And Yet Once Again..... 273
- For Those Who Write Papers..... 274
- Personal Message from Dr. Caldwell, President Pu-  
laski County Medical Society..... 275
- Sterilization of Defective Criminals..... 275

#### Editorial Clippings:

- The Present Position of Salvarsan..... 276

#### Personals and News Items:

- Personals ..... 277
- Reduced Rates to Little Rock..... 278
- Amendments ..... 278
- The Fourth District Medical Society Meeting..... 279
- Membership in the American Medical Association..... 279
- Book Reviews ..... 282

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# THE JOURNAL

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### CONTENTS.

#### Original Articles:

- The Early Diagnosis of Tuberculosis and Its Management Among the Poor, by S. E. Thompson, M. D., El Dorado..... 283
- Significance of Urinalysis in Pregnancy, by J. C. Cunningham, M. D., Little Rock..... 286
- Treachery of Typhoid Fever, by C. S. Pettus, M. D., Little Rock..... 288
- Pneumonia, by G. A. Warren, M. D., Black Rock ..... 290
- Hookworm Disease in the South—Report of Resolutions Passed at Hot Springs Meeting 293

#### Editorials:

- The Convention Program..... 295
- Rural Origin of City Typhoid..... 296

#### Editorial Clippings:

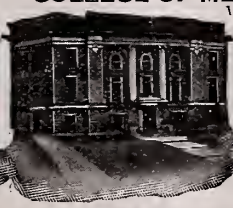
- Organization ..... 296
- Eggs as Food and Otherwise..... 297
- Vaccines as Adjunct Remedies..... 297
- Preliminary Program of the Thirty-Seventh Annual Meeting of the Arkansas Medical Society ..... 297
- Proposed Amendments to Be Voted on at This Meeting ..... 300
- Personals and News Items..... 301
- County Societies ..... 302
- Died ..... 302
- Book Reviews ..... 302

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### MEDICAL ACTIVITIES AND THEIR RELATION TO THE PUBLIC WELFARE.\*

Morgan Smith, M. D.,  
President of the Arkansas Medical Society,  
Little Rock.

The Arkansas Medical Society has honored me far beyond my deserts. But, however unmeritorious I may feel, the distinction of being chosen president of this society is sufficient to fill my heart with gratitude, and I desire at this time to give expression to my appreciation of the honor conferred upon me. My loyalty to this organization in the future shall be as earnest as in the past. Its purposes I shall ever hold sacred, and in their fulfillment endeavor to do my duty as I see it.

This occasion naturally lends itself to a review of the progress of medicine, but the subject is too vast to do more than touch upon some of its phases as they relate to the public.

If the statement is true, and I believe it is generally conceded to be, that the chief aim and object of life is the achievement of happiness, then man's duty becomes self-evident. The individual is entitled to the greatest measure of happiness, and conditions and environments should be made favorable for the fruition of his hopes and ambitions. All efforts at race improvement find their natural inspiration in sociology, it being the morning and the evening star of human endeavor.

The historian, in telling the story of man and his achievements, classifies events into epochs or periods. Wars mark one, striking natural phenomena another, the flourish or decadence of the arts another, the discoveries and pronouncements of science another, and so on, each period being characterized in some specific way and standing out in a rather bold relief. That this is the scientific age, is a statement in which I am sure you will all concur. From whence it derived its first impulses is not known; it has been enriched by a thousand luminaries; when and where its achievements will end does not admit of prophecy. Measured by the benefits which have accrued to man, and the blessings which are vouchsafed posterity in a thousand different ways yet unheard of, it seems to me that the discovery of the theory of fermentation by the great Pasteur stands out as the most conspicuous of modern times, if not for all times. The discovery of the pathologic germ sounded the death knell of "providential disease," and medicine was placed upon a scientific basis.

Medical science is continually placing new responsibilities upon society, and society must undertake an adaptation under the pressure of its postulates. In fact, each new scientific invention or discovery produces a reflex on society in proportion to its utility or importance, a result of which society is ever shifting its attitude and changing its behavior. These changes are but the expressions of attempts at beneficent adaptation, and proceed from a lower to a higher plane.

The great professions have long been like lost children in a boundless wilderness and have not

\*President's Address before the Arkansas Medical Society, at the Thirty-sixth Annual Session, at Hot Springs, May 13, 1912.

come into the open fields of conscious duty because they have not found themselves. Professional superciliousness, limiting and beclouding the range of vision and breeding an unfortunate and contemptible exclusiveness, has contributed in no small measure to the retardation of the uplift of humanity. The physician is less guilty of this charge than the lawyer, the schoolmaster and the minister. I believe I correctly express the attitude of the profession today when I say that disease is no longer to be considered or thought of as disease, *per se*; but rather to be viewed as a sociological problem or accident to be solved or repaired by the physician, not for the boasted and hypocritical "sake of science," nor the expected fee, but for a higher and more important reason, namely, to restore the diseased person to his health that society might suffer as little disturbance as possible in its evolutionary processes. Ignorance in the body-politic and violations of the civil and religious codes should be viewed in the same light by the educator, the lawyer and the minister. In short, whatever tends to interfere with the uplift of humanity is an archenemy of the race, and not one, but all, of the professions should unite in a common attack upon the common enemy.

Of the many divisions of sociology, medicine is the most important, and the liabilities and responsibilities of those who practice it are infinitely greater than those of the other professions for the reason of the larger opportunities which the peculiar nature of the profession offers for doing something beyond mere technical limits. As professional breadth increases, hitherto unrecognized problems press into consciousness, and what had previously been regarded as simple and well-defined now becomes complex, far-reaching and requiring a much broader treatment.

Human progress is conditioned upon many and variously acting causes. It is quite generally acknowledged that no one single factor makes a greater contribution to human happiness and prosperity than health. Health being the great *desideratum*, the whole tendency of medicine is to conserve it for the public good. Many times the profession has been charged with insincerity in its professions for the conservation of the people's health; but a study of the lives of such men as Jenner, Pasteur, Koch, Reed, Carroll and Flexner will convince the student of the falsity of the indictment.

The discovery of the circulation of the blood was made by a physician; the discovery of the theory of fermentation was made by a biologist. A physician discovered the cause of tuberculosis, also antitoxin. Investigation of spirochete infections led to the production of salvarsan by a physician. In fact, there has not been a single medical discovery since medicine has been clothed with the dignity of a profession that has not been made by physicians; and best of all, and above all, for the public good and not for personal gain. The moral impulse which stirs the

American Medical Association with its thirty-five thousand members, the greatest organization of its kind in the world, to bring about a general education of the people in sanitation, hygiene and wholesome citizenship, is the best example of altruism the world has ever witnessed. With the motto of Pasteur at its masthead, "*It is within the power of man to rid himself of every parasitic disease*," the crusade for conservation of national vitality, the propaganda against nostrums and patent medicine frauds will be waged by this organization with its fifty-two component associations until the people are delivered from the forces of evil.

It would seem that the efforts of the medical profession to prevent disease, conserve health and prolong life would meet with a hearty co-operation of the people and the state governments. With the knowledge now possessed, at least fifty per cent of the diseases which affect mankind could be prevented. Of the 150,000 persons who die annually in the United States of tuberculosis, it is conservatively estimated that 110,000 could be saved by the application of sanitary and hygienic knowledge. At least 400,000 persons die each year in this country who should be saved to their families and the State.

The business of disease-prevention and life-saving is the transcendent movement of the age. With only a few exceptions all nations are engaged in promoting the health of their citizens, and there is no better criterion of the intelligence and foresight of a people than is to be found in the measures they employ to prevent disease and conserve health. The national debt of the United States is insignificant in comparison with the burdens which disease is fastening upon the people, and the truth of this statement is just beginning to dawn upon and find lodgment in the minds of the people. It matters not what the ideals of a people may be, what ambitions and impulses inspire them, disease is the iconoclast which shatters and destroys; its maw is filled with the bodies of millions who should today be enjoying the pleasures of life and contributing to the sum of human happiness. Medical research unhampered and encouraged by the states will, at the end of the next hundred years, have laid the foundation for a condition of life which cannot be even imagined at present. Longevity will have so increased that the young adult of today will then have just entered his childhood and the old man his prime. To relate the economic and social conditions which would follow a relatively disease-free existence would sound like a fairy tale, and would hardly be believed. Medical science is doing its duty toward hastening the millenium, and whether it be far in the future or near, there will be no relaxation of energies nor interruption in the humanitarian movement to which the medical profession is committed.

It may be asked upon and by what authority does the profession essay to raise the standard of medical education, influence wholesome public health legislation, educate the masses in sanitary and hygienic knowledge and warn against the dangers of medical frauds and patent medicine nostrums? In Section II of the constitution of this society the answer is found, and it is so classical that I shall read it, that its sublime purposes may be again impressed upon your minds: "The purposes of this society shall be . . . to extend medical knowledge and advance medical science; to elevate the standard of medical education, and to secure the enactment and enforcement of just medical laws; . . . to enlighten and direct public opinion in regard to the great problems of State medicine, so that the profession shall become more capable and honorable within itself and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life." Herein is found sufficient justification for the propaganda which we are waging in the name of humanity against the violators of the pure food and drugs act, medical frauds of every description, fake medical schools and combinations of sentimentalists and misguided "freedomites" who, through black-hand methods, would palsy the hand of scientific medicine and set back the hands of progress a thousand years.

The rapid advances which have been made in medicine in the last two decades have necessitated many changes both in the manner and in the methods of medical instruction. True to its purposes and inspired by the highest sense of public duty, this society was largely instrumental in the passage of a bill by the last General Assembly by which the Medical Department of the University of Arkansas was acquired by the State and made an integral department of the university system. Subsequent to the passage of the bill and previous to the opening of the school by the Board of Trustees, the College of Physicians and Surgeons was absorbed, so that now instead of there being two proprietary schools bidding for students at so much per bid, and each unable to measure up to the modern medical educational requirements, the State is the sole proprietor of the one medical school in Little Rock. It is now up to the Board of Trustees to bring the school up to the standard set by the Council on Medical Education of the American Medical Association; to do less would be to perpetuate a condition which will ultimately bring discredit upon the State's educational system. Medical education is as much a function of the State as any other sort of education, and the Medical Department of the University of Arkansas should share its proportion with the other departments in the general appropriations made by the legislature for educational purposes. The Committee on State Legislation and Public Hygiene should be instructed to secure appropriations to carry out the purposes of the bill by which the State acquired the school.

Supervision of every condition and circumstance which has a bearing on public health and the education of the masses in all that relates to the causation and prevention of disease is not only one of the fundamental functions of government, but a bounden duty which it should diligently perform. From the moment the first cry of the new-born baby is heard until old age closes the scene, government should always be in intimate touch with the daily lives of its citizens. Aye, the most enlightened government would now concern itself with pre-natal conditions so as to insure the permanence of vitality and stock integrity.

In this State there is a Department of Education in charge of trained educators who are directing the education of the State's children. It has the confidence of the people and the law-making department, and receives liberal appropriations for its purposes. The Department of Agriculture occupies a prominent and justly deserved position in the affairs of the State administration, and by the distribution of bulletins and scientific demonstrations by agricultural experts, agricultural efficiency is being promoted and the soil's resources conserved to the economic advantage of the farmer and the State. The framers of our constitution wisely provided for a Department of Justice for safeguarding the interests of society, and by its wise administration the civil and religious rights of the people are conserved. These several departments acting co-ordinately are necessary to the maintenance of good government—happiness and prosperity being dependent upon their wise and beneficent administration.

It is indeed strange that the framers of our constitution overlooked the far-reaching importance of the health of the people and neglected to provide means for their protection from conditions which lower their vitality and produce economic loss. Advanced civilization holds and believes that it is as important and necessary to conserve the health of men and women as it is to take steps to prevent violations of the civil laws, or to punish those who break them, and the education of our children is no less a duty than their protection against those diseases which retard the development of their minds and bodies and incapacitate them for the duties of the highest citizenship. The eradication of the tick in cattle, the prevention and cure of cholera in the hog, and glanders in the horse, is a humane undertaking and a proper function of government, but not more so than the prevention of tuberculosis in the mothers of our sons and daughters. Only the rankest sort of strabismic statesmanship would deny the right of the State to provide for a system of State medicine to be administered purely in the interest of the health of all the people, without prejudice against any sect or combinations of lawful interests.

These remarks lead up to a pertinent question which I now shall ask. If there are diseases or conditions in this State which are operating to

lower the physical and mental efficiency of our boys and girls and men and women, which produce great economic loss through the production of disability, invalidism or death, whose causes are well known and understood and which could be easily prevented by a system of public instruction in health matters and the application of well-known sanitary and hygienic knowledge, why has the State not risen to a conception of its duty and provided for a Department of Public Health?

Upon the answer to this question hangs an interesting legislative tale—as interesting in speculation as in known facts. Let it be said to the honor and credit of the State of Arkansas that it did rise to a conception of its duty to its citizens, and the General Assembly did pass a bill creating a Department of Public Health, which, in the opinion of experienced health officers, was pronounced to be a model one in its provisions. This statement naturally leads up to another pertinent question which I shall ask. If the State of Arkansas did rise to a high conception of its duty to the people, and the last General Assembly did pass a model public health bill, what became of the model public health bill which the last General Assembly passed, and why is it not in force today operating in the interests of the people for whom it was passed? As the only resident member of the Committee on State Legislation and Public Hygiene, I was in constant touch with the bill from its introduction until its passage, and it never occurred to me that it was possible that the bill would never reach the governor for his signature and thereby become a law. But the unlooked-for happened, and the model bill which the General Assembly passed for the people did not become a law, and today the State is in the humiliating attitude of having no health department. Briefly stated, here is the history of the bill as furnished me by the very efficient assistant clerk of the Senate, Mr. Terrell. The bill passed the Senate on the 6th of April, 1911. Passed the House May 20. Was returned to the clerk of the Senate May 21. From this date the records of the clerk of the Senate are as silent as the tomb. It was somebody's business to see that this bill reached the governor for his signature, and it was the duty of the clerk of the Senate, the official custodian of bills, to see that the bill suffered no mishap. If the fate of the bill was due to negligence, it is no less criminal than if someone committed intentional theft, so far as the State's rights are affected. I feel assured that the Committee on Enrolled Bills was in no way responsible for the disappearance of the bill, for each member was its warm supporter and co-operated with your committee in efforts to repair the damage after the unfortunate condition was discovered.

The National League for Medical Freedom, an organization which stands for the nonenforcement of the pure food and drugs act, encouraging medical frauds by admitting to its membership the

most flagrant quacks in the universe, and sheltering under its wings the enemies of public welfare and the true opponents of freedom, was perniciously active in the last legislature, and was the only public opposition which developed against the bill.

After the bill was passed, the governor was importuned by an "American citizen," who holds his residence in the city of Little Rock, to veto the bill, but received no encouragement, as the governor was a staunch friend of the bill and did a noble act in an effort to save it to the people. These statements lead up to another question which I shall ask.

If the model public health bill which passed the last General Assembly failed to become a law on account of somebody's carelessness or criminality, and the National League for Medical Freedom was the only organized opposition to its passage, how long would it take a detective to have a suspicion? Inferences are permissible when premises are logical. I have every reason to believe that the next legislature will resent the loss or theft of Senate Bill No. 198 as a gross insult, and pass without opposition the proposed bill which will be recommended by this House of Delegates.

I wish to make public acknowledgment of the exalted and unselfish services of those senators and representatives who labored unceasingly for the people, and should like to mention each in a personal way, but the list is too large.

"The first wealth is health." How to obtain it and how to preserve it should be drilled into the minds of every school child as a part of its primary education. Public education is a public necessity; ignorance is born in darkness and is the enemy of light and progress. Public health is utilitarian, and the wide dissemination of sanitary and hygienic knowledge the best sort of paying political economy.

The activities of health departments are directed more toward popularizing health maxims than in enacting and enforcing health laws. How fragmentary is the knowledge which the majority of the people have of the curative value of fresh air and sunshine. One ounce of God's sunshine is worth a ton of drugs—and decidedly cheaper. The sunshine and fresh air doctor is the apostle of the newer medicine and represents a new brand of common sense which is sure to become popular.

What are some of the things which the profession should teach the public? The public should know that most diseases are communicable and preventable; that typhoid fever and cholera are filth diseases and a disgrace to the community; that tuberculosis, the colossal ghost of civilization, is a social question, and to be solved must be prevented; that malaria and yellow fever are caused by the bite of the mosquito; that hookworm disease, the greatest menace of the South today, is a disease of soil pollution and is easily preventable; that the plague and the dwarf tapeworm are conveyed by the rat; that vaccination will prevent smallpox and quarantine will control it; that thirty

per cent of all blindness is due to one of the social diseases and is preventable in the lying-in room; that scarlet fever, typhoid fever and diphtheria may be transmitted through the milk supply; that good digestion depends upon thorough mastication, this act being dependent upon good teeth; that much of the deafness and mental inaptitude of children could be prevented by a thorough system of school inspection; that the playground is the arena in which children get their first real lessons of life and which are so necessary to their harmonious development; that godliness is the child of cleanliness and that soap and water are the safeguards of our liberties and have much to do with the destinies of nations. A thorough understanding of and familiarity with these and collateral truths would do much toward enabling the people to solve some of the problems with which society is concerned, and certainly would lay the ground work for the enjoyment of a more perfect life—here and hereafter.

To the end that this information may be brought to the very doors of the people, a campaign of education should be undertaken by this society, and I would recommend that a Committee on Sanitation and Public Hygiene be appointed, charged with the dissemination of sanitary and hygienic information. Such a committee would have a field of usefulness as wide as the limits of the State, and would be a connecting link between this society and the people.

In view of the rapid spread and seriousness of pellagra, a disease which is now epidemic in the South, this society should take some action looking to a scientific study of its etiology. It has been reliably stated that one Southern State reported five thousand cases in 1911. What number can be expected in Arkansas, which, in many respects, resembles that State? So far as I have been able to learn, no portion of this State is free from the disease, and all indications point to a steady increase of cases. It is contributing in a most alarming way to the death-rate in the State. I would recommend that a committee composed of the most scientific members of this society be appointed for the Study, Prevention and Control of Pellagra, and that a memorial be issued to the citizens of the State urging their co-operation and assistance.

The usefulness of this society depends upon the frankness and success with which it attacks and solves problems affecting the life, health and happiness of the people, the support and co-operation which it receives from its membership, and the confidence which it inspires in the people. As the membership increases, its relations to the public are increased, and its sphere of usefulness extended. Each county site should become the center of a community life, whose activities would be spent in the fostering and development of means and measures designed at race and material improvement. In all community problems the County Medical Society should be a constructive force of the

first magnitude, and contribute that wisdom and experience which is derived from an intimate acquaintanceship of the people and their environments. I would recommend that a Committee on the Organization of Welfare Leagues be appointed by the House of Delegates. All persons interested in economics should be eligible for membership. I believe the possibilities for good to which these leagues could be put do not appear on short study.

There are at least one thousand physicians outside the ranks of this society who should be enrolled under its banner. Of the several efforts which have been made to bring about an amendment of the constitution admitting undergraduates to membership, each has failed of success. There is as little reason in admitting to membership graduates because they are graduates, as there is in rejecting all undergraduates because they are undergraduates. Graduated physicians differ in ability, merit and character, as do lawyers, teachers and ministers. The Bar Association does not exclude the young lawyer because he has not the degree of bachelor of laws. The Clergyman's Association does not restrict membership to those who are fortunate enough to have gained the degree of doctor of divinity in some theological seminary. Suppose the Arkansas State Teachers' Association should have required as a requisition for membership a college degree, how would its membership compare with its present enrollment of over two thousand members?

If this society is ever to fully carry out the altruistic purposes for which it stands, and vitalize the information which it so earnestly and freely proposes to give the people, it would be a most consistent act to make provision for the increase of membership from those legally licensed practitioners who are found worthy. To the end that medical education may be promoted, that the enlightenment in sanitary and hygienic matters may be extended, that physical and material welfare may be promoted, I would recommend that an amendment of the constitution be submitted at this annual session, providing for the eligibility of undergraduates to membership, all applications to be submitted to a State Board of Censors, to be composed of the president, secretary and chairman, of the Council. This plan, it seems to me, would be a fitting and satisfactory compromise between those who favor and those who oppose unrestricted membership. The details of this plan should be worked out by the proper committees.

I have extended my remarks far beyond my original intention, and I crave your pardon for this prolixity. On behalf, and in the name of the one thousand members of this organization, I desire to pledge their support to all measures or movements, whether originated by this or other organizations, which have for their object the promotion of public welfare; and this society as one man, standing for fairness and equal justice, will never draw its sword only in defense of its principles and ideals, or to stab error, fraud and deceit.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### OUR PRESIDENT.

Dr. Edwin R. Dibrell, elected president of the Arkansas Medical Society at the Hot Springs meeting last month, is a member of a family noted for its famous physicians. His father, Dr. James A. Dibrell, was one of the most highly distinguished physicians of Arkansas in the early days of its history. Graduating from the Medical Department of the University of Pennsylvania in 1839. He began the practice of medicine at Van Buren, Ark., in 1840, and died in that city in 1897. The late James Anthony Dibrell, son of Dr. James A. Dibrell, who practiced in Little Rock from 1870 to the time of his death in this city in 1904, was president and dean of the faculty of the Medical Department of the University of Arkansas for fifteen years. He was a physician of rare attainments, devoted to his life's work, and added honor to the family name and his profession.

Dr. Edwin R. Dibrell was born in Van Buren, October 21, 1858. He received his medical education in Little Rock and the Medical Department of the University of Pennsylvania, graduating in the class of 1883. He began the practice of medicine in Little Rock, and, like his father and brother, James Anthony Dibrell, has become, in turn,

one of the leading figures in the medical profession in Arkansas.

Dr. Dibrell holds the chair of Practice of Medicine in the Medical Department of the University of Arkansas and is a member of the State Board of Charities. One of Dr. Dibrell's greatest achievements was accomplished after his appointment four years ago by Governor Donaghey as a member of the Board of Charities—an achievement little known of by the general public. In a general way, through the newspapers, the public has been told of the improvements made for the care and treatment of patients in the State Hospital for Nervous Diseases; that we have an experienced alienist in charge of it, and that in methods and accommodations it ranks with similar institutions in States of far greater population, wealth and resources. But it is not generally known that these improved conditions have been brought about largely through the zeal and activity of Dr. Dibrell.

### EDUCATION IN HEALTH AND SANITATION.

In his annual address to the Arkansas Medical Society, printed elsewhere in this issue, one of the most valuable suggestions the president, Dr. Morgan Smith, makes is that of campaign of education to the end that the masses may be taught the great truths of sanitation and disease prevention. In the world-wide effort to eliminate disease, the ignorance of the masses is the almost insurmountable barrier. Only recently when the plague was raging in Italy and enlightened physicians and Red Cross nurses were bending every effort toward stamping it out, the grossly superstitious peasants saw, in the efforts to save them from disease, a plan to infect them with it. Obsessed with this fear, they attacked the doctors and nurses, killing one, maimed several, incited riots in Sicily and burned down public buildings. In this more enlightened country we have none of the superstitious fear that turns benefactors into deadly enemies; but the ignorance of the laws of health and sanitation is, in some parts of the country, almost equally dense. To ignorance must be added indolence, indifference and selfishness, as handicapping the great and noble work of medical and sanitary science.

The source of typhoid fever in rural communities is often found in infected wells and springs, but it is almost a hopeless task to convince the inhabitants that their drinking water is impure, and induce them to either boil or abandon it. In city and country the attempt to teach the masses the plain facts as to the factors in the spread of tuberculosis is equally discouraging. People continue to expectorate at will on sidewalks, in street cars, in hotel corridors, on theater floors and elsewhere, and whatever ordinances exist prohibiting the dangerous practice go entirely unheeded.

Careless—we may almost say criminally careless—parents take their children suffering from

whooping cough, on street cars, into picture shows and other public places. With measles and diphtheria in the home they conceal the fact from school authorities and continue to send the uninfected children, who have been exposed to infection, to school. We find property owners in thickly settled districts resisting, year after year, all efforts to establish sewer districts. They are quite willing to expose their own tenants to risk of disease and dangerous conditions in adjoining districts rather than spend the money to make their premises sanitary. In nearly all cities where there is an outbreak of smallpox the newspapers will, in the interest of their best patrons, the merchants, conceal the fact by suppression of the publication, on the theory that publicity would keep visitors and buyers away to the detriment of the business interest. It is not necessary to enumerate at greater length the many similar instances where the power of selfish motives thwart the best efforts of modern science to conserve the general health and longevity of the people. The question is the remedy.

The suggestion made by Dr. Morgan Smith is that a campaign of education be inaugurated. But by what means? Medical journals are not read by the laity. Special literature on the subject, however widely distributed, would be little read or heeded. The daily newspaper is the greatest force in the world today in disseminating knowledge. Would it not be possible to enlist the newspapers in the cause? Always ready to forward every good work, the newspapers throughout the land have given space for the special departments on Religion, Temperance, Labor, Woman's Work, and other factors in the uplifting of the race. When we consider, for instance, the amount of space given to the temperance cause, with the wholly insignificant death rate from alcoholism as compared with that from tuberculosis, typhoid fever, diphtheria and other diseases, it would appear that a movement for the preservation of the health of the people at large should secure at least equal consideration. We believe that if such committee as suggested be appointed, it will find ready response to an appeal for space in our daily or weekly newspapers.

## Alumni Meetings at Hot Springs.

The alumni of the Medical Department of the University of Arkansas held its annual meeting at Frisby's, May 15, and was largely attended and very enthusiastic.

Officers elected for the year:

President—Dr. E. M. Fly of Little Rock.

Secretary and Treasurer—Dr. A. V. Ware of Ozark.

Dr. Fly presided as toastmaster.

The principle speakers were Drs. Butler, Ware, E. R. Dibrell, Lenow and Snodgrass.

The matter of co-operation for the needed legislation and appropriations to build and equip a modern college building for the Medical Department of the University of Arkansas was discussed and

the members pledged themselves to work to this end.

It is the desire of the officers to secure the names and address of all graduates of the College of Physicians and Surgeons, that they may receive a certificate of membership from this Alumni Association.

The Tulane alumni meeting was one of the big social functions of the recent meeting of the Arkansas Medical Society.

The officers elected for the year:

President—Dr. W. E. Parker, Hot Springs.

Dr. Earl Hunt, Clarksville.

Dr. G. A. Hebert presided as toastmaster.

A banquet was held at the Arlington Hotel.

Dr. Isadore Dyer of New Orleans, dean of Tulane University, was present and made a splendid toast. Other speakers were Dr. Morgan Smith, Dr. C. W. Allen, Dr. J. C. Minor and Dr. J. A. Foltz.

The State Chapter of the Jefferson Medical College Alumni Association held its annual meeting and dinner May 15, at Hot Springs.

The following officers were elected:

President—Dr. A. E. Harris, Little Rock.

Secretary and Treasurer—Dr. Thomas A. Cates, Little Rock.

## Personals.

Dr. R. A. Hilton of El Dorado was a recent visitor to Little Rock.

Dr. Morgan Smith has returned from Atlantic City, where he attended the recent meeting of the American Medical Association.

Dr. L. A. Hill of Slocum was a recent visitor to Little Rock.

Dr. T. E. Hodges and family will leave in a few days for Cane Hill, Ark., on a visit to his father and mother.

Dr. and Mrs. C. E. Witt are ill at St. Vincent's Infirmary, Little Rock.

Among the distinguished medical men who attended the Hot Springs meeting were Dr. E. S. Judd of Rochester, Minn., who contributed a paper on "Tumors of the Bladder." Dr. Isadore Dyer of New Orleans, an essay on "The Diagnosis and Treatment of Pruritus." Dr. Carrol W. Allen of New Orleans, an essay on "Vascular Surgery." Dr. G. C. Conover of Kansas City delivered an illustrated lecture on "Cardiac Arrhythmia." Fraternal delegates from other States were Dr. Francis Reeder of St. Louis, Dr. C. A. Smith of Texas.

## County Societies.

### Independence County.

(Reported by Dr. Frank A. Gray, Secretary.)

Batesville, Ark., June 6.—The Independence County Medical Society met in this city Monday night, June 3. Those present were: Drs. J. Heyden, Jamestown; T. L. Evans, Barren Fork; J. B. Roe, Newark; S. N. Robertson, Sulphur Rock; J. H. Kennerly, J. W. Case, W. B. Lawrence, O. J. T. Johnson, R. C. Dorr and Frank A. Gray, Batesville.

A banquet and social hour preceded the meeting, which was held at the courthouse, J. B. Roe presiding. After the reading of the minutes of the last meeting the regular scientific program was taken up, as follows:

"Acute Nephritis"—An excellent paper read by

Dr. J. Heyden, with report of a case occurring in a child.

"Syphilitic Gumma"—Case exhibited by Dr. Johnston, followed by discussion.

"Diabetes Millitus"—Case presented by Dr. Gray, which brought out the differential diagnosis between diabetes millitus and tuberculosis. The patient was 37 years old and the case of two years standing.

"Puerperal Eclampsia" and "Post Partum Hemorrhage" were other cases discussed.

The next meeting will be held the first Monday night in September. Drs. J. H. Kenneily, J. W. Case, L. T. Evans and S. N. Robertson were placed on the program.

Drs. J. W. Case and O. J. T. Johnston were retained on the Entertainment Committee.

#### Yell County.

(Reported by Dr. J. R. Linzy, Secretary.)

Dardanelle.—The Yell County Medical Society met in regular session in this city Tuesday, June 11, with the following members and visitors present: Drs. C. B. Linzy, president, Plainview; J. R. Linzy, secretary and treasurer, Dardanelle; J. E. Love, S. E. Miller, M. L. Kirksey and Pat Wright, Dardanelle; M. A. Worthen, Centerville; John Grace and J. H. Harkness, Belleville.

"Clinical cases" were reported, which were followed by interesting discussions.

#### Johnson County.

(Reported by L. A. Cook, Secretary.)

Clarksville, Ark., June 6.—The Johnson County Medical Society met in regular monthly session in this city, at the office of Drs. Hunt, Kolb & Hunt, Monday afternoon, June 3. Those present were: Drs. L. C. Gray, president; Annie Hays, vice president; L. A. Cook, secretary; E. V. C. Hunt, W. J. Hunt, W. R. Hunt, E. H. Hunt, M. E. Burgess and R. N. Manley.

"Headaches" was the subject of the paper read by Dr. Annie Hays, followed by an interesting discussion.

Dr. Carl H. Hunt will present a paper on "Mars-mus" at the July meeting of the society.

#### Greene County.

(Reported by Dr. Olive Wilson.)

Paragould, Ark.—The Greene County Medical Society met in regular session in this city Wednesday, June 5, at the office of Drs. Haley & Owens. Members present: Drs. W. W. Verser, president; W. R. Owens, R. J. Haley, E. S. Baker, F. M. Scott, H. N. Dickson, P. L. Dickson, Thad Cothren, Olive Wilson.

"Tonsillitis" was the subject of the paper read by Dr. Cothren.

"Tact in Examining Children" was the subject of the paper read by Dr. Wilson.

Both papers were followed by interesting discussions.

We have just finished the third year of a four-year post-graduate course of study. This year we have held twenty-three weekly meetings and six monthly meetings. Finding that out-of-town members, not being able to attend the weekly meetings, were not prepared to take active part in the review in the monthly meetings. Therefore, we resumed our former method of appointing members to read papers on subjects of their own selection, with better results.

The secretary reported that a case of illegal practice of medicine had been referred to the local prosecuting attorney.

The subject of the society sending one of its members to the Congress on Pellagra, to be held

in Columbia, N. C., in October, was discussed, and a committee appointed to secure rates from the railroad if possible.

Dr. William Majors of Walcott was admitted to membership.

Our next meeting will be held in Brighton on July the 3d, at the office of Dr. Verser. The society will be the guests of Dr. Verser, who has promised to entertain us with a fish-fry.

#### Pope County.

(Reported by Dr. J. B. Ferguson, Secretary.)

Russellville, Ark.—The Pope County Medical Society met in regular bi-monthly session in this city Thursday afternoon, June 6. Members and visitors present were: Drs. Wiggs, Powell, Spillers, Ferguson, Hays, Drummond, Smith, Berryman, Campbell and Drs. W. A. Snodgrass and C. W. Garrison of Little Rock.

The meeting was called to order by the president, Dr. H. B. Wiggs, at 2 p. m. The mayor, Judge J. T. Bullock, delivered the address of welcome. The response, made by Dr. H. F. Spillers, was an excellent address and was appreciated by the society, after which the regular scientific program was taken up as follows:

"Appendicitis"—A very practical, as well as scientific, discussion by Dr. W. A. Snodgrass, Little Rock, counselor for the Eighth District, followed by discussion.

"Poliomyelitis Anterior"—A paper read by Dr. J. F. Hays, with report of a case, followed by discussion.

"Organization and Ethics"—A paper read by Dr. R. M. Drummonds, followed by a discussion by counselor, Dr. W. A. Snodgrass.

"Membranous Croup" and "Summer Complaint of Children" were other subjects discussed.

"Sanitation and Hookworm"—An excellent address made by Dr. C. W. Garrison, State director sanitation, State Board of Health.

The meeting was one of the most interesting the county has ever held.

## Books Received.

**Progressive Medicine.**—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Published by Lea & Febiger, Philadelphia, dated June 1, 1912, contains the following articles:

"Hernia," by William B. Coley, M. D.

"Surgery of the Abdomen, Exclusive of Hernia," by J. C. A. Gerster, M. D.

Gynecology—"Cancer of the Uterus," "Fibroid Tumors of the Uterus," "Pelvic Inflammatory Diseases," "Menstrual Disorders," "Medicinal Treatment," "Operative Treatment," by John C. Clark, M. D.

"Diseases of the Blood," "Diathetic and Metabolic Diseases," "Diseases of the Thyroid Gland," "Nutrition and the Lymphatic System," by Alfred Stengel, M. D.

Ophthalmology—"Eye Lesions of Sporotrichosis," "Ocular Lesions with Vitiligo," "Eye Lesions from Auto-Intoxication," "Influence of Salvarsan on the Eye," "Diseases of the Conjunctiva, Cornea, Uveal Tract, Retina, Optic Nerve and Tracts," by Edward Jackson, M. D.

**Report of the Pathological Department and the Department of Clinical Psychiatry, Central Indiana Hospital for the Insane, Indianapolis, Ind.**

This creditable report will no doubt arouse considerable interest by other State institutions to procure support and facilities for the development and prosecution of scientific work.

# PROCEEDINGS

OF THE

## Thirty-sixth Annual Session of the Arkansas Medical Society

HOT SPRINGS, MAY 13-16, 1912

### HOUSE OF DELEGATES.

#### First Day.

Hot Springs, Ark., Eastman Hotel,  
Monday, May 13, 1912.

The House of Delegates was called to order at 2:30 p. m. by Dr. Morgan Smith, president.

Invocation by Rev. French Thompson.

President: We are delegated to hold this thirty-sixth annual session in the city of Hot Springs. We knew a welcome awaited us before we came. We were assured of it from every standpoint. We have with us this morning the president of the Hot Spring-Garland County Medical Society, who will deliver to you the address of welcome on behalf of his society—Dr. A. U. Williams of Hot Springs.

Dr. Williams: Mr. President and delegates of the Arkansas State Medical Society: It becomes my duty, as well as my pleasure, to welcome you at this, your annual meeting. I shall have in mind the story of the young author who took his piece to a publisher to be published, and asked him what he would pay for it. He said he would give him \$50.00 for it, "but if you cut it in two I will make it \$100.00." I shall trust to your appreciation of the sense of brevity, and stretch your imagination and think I have made you a good speech, and I will leave all the nice things to our president, Dr. Morgan Smith, to say to you, as I understand he is full to overflowing with them. I will assure you that the brevity of my speech will be no indication of the welcome that you will have here. I bid you thrice welcome, and I wish you a good session. (Applause.)

President: It will be necessary for the appointment of a Committee on Credentials to pass upon the credentials of the delegates elected by the component societies to this House, and the committee will be composed of Dr. R. H. T. Mann, chairman, Dr. B. D. Luck and Dr. S. S. Beatty. There will be a recess for a few minutes until the committee can pass on the credentials and make their report, when we will be ready to take up the regular business of this House.

Dr. Mann: Your Committee on Credentials have examined the credentials of all the delegates who have registered, and find them regular.

President: I will ask the secretary to read the list of the accredited delegates, and the delegates will answer to their names as they are called.

Thirty-two delegates answered "present" on roll call.

President: A quorum is present, and the House will proceed to business. I desire to make the following appointments. I have gone over this list very carefully from the accredited delegates, and these committees have been appointed with the distinct purpose to do the work which is assigned them. There will be a number of resolutions and reports read in the House, and they must be referred to committees for action. The committees do the business of the House, and I have appointed these committees because I believe the men who compose them will do their duty. I

think the vice president should make the appointment, but neither of them are here.

Committee on Resolutions—Dr. St. Cloud Cooper, chairman; Dr. C. A. Archer, Dr. W. E. Vaughan.  
Committee on President's Address—Dr. E. R. Cotham, chairman; Dr. G. D. Huddleston, Dr. L. E. Willis.

Committee on Medical Education—Dr. M. D. Ogden, chairman; Dr. J. M. Proctor, Dr. L. T. Evans.

Committee on Council—Dr. R. E. Rowland, chairman; Dr. E. E. Barlow, Dr. S. L. Steer.

The next order of business was the reading of the president's address.

Gentlemen—I wish to assure you I feel highly honored to preside over this House, and trust that I shall have your earnest co-operation in the discharge of the business which shall come before us.

This is the business department of the Society, and each component society is entitled to at least one delegate. Those societies which are not represented here are more or less indifferent to the affairs which in a general way affect the organization, as well as those which directly concern their individual interests.

The number of delegates enrolled is usually a fairly good criterion of the state of the society, but, happily, on this occasion the statement does not hold good, for the advanced report of the secretary would indicate a rather flourishing condition of the component societies. Sixty-three component societies have paid their annual dues, and therefore are in good standing. I am happy to report the organization of societies in Crittenden, Cross, Poinsett and Cleburne counties. So far as I am advised, this is the greatest advance in organization which has been made since the reorganization in 1903. These counties have been organized without any effort, and it is only a question of the councilors doing their whole duty in order to bring the remaining nine counties under organization. The ideal of the Council should not be satisfied until there is an efficient organization in every county in the state.

The strength of this society, however, is not in numbers, but rather in what is accomplished. It seems to me that scientific interest needs stimulating, and this can be done by no one more successfully than the members of the Council. I would recommend that each councilor, after a careful study of the conditions of his district, prepare a tentative program for adoption by the component societies, and assist in every way possible in their fulfillment.

The constructive work of this society is done by the Council and the committees. It is quite clear to me that the term of service of these is altogether too short for anything like efficient work. Especially does this hold true of the Council. Hardly has a councilor begun to get into the spirit of his work until he is supplanted by another. I would recommend that necessary amendments looking to a correction of this condition be made, or amendment to the constitution and by-laws be made as will secure longer services of those who are delegated with important and far-reaching duties.

I would urge you to study carefully the reports of the various committees and co-operate in every way toward promoting the general efficiency of the society.

President: This address necessarily has to be referred to a committee, and a motion will be entertained to refer the address to the proper committee.

Dr. Mann: I move that it be referred to the proper committee.

Seconded. Carried.

The next order was the report of the Committee on Scientific Program, by Dr. Laws, chairman.

To the House of Delegates of the Arkansas Medical Society:

The Committee on Scientific Program wish to state that the entire credit for the excellent program provided is

due entirely to the efforts of the chairman and secretary of the various sections. The committee arranged the time of the meeting so that the entire scientific work would be completed by Thursday, so as to allow members ample time to return home by the last of the week if they so desire. We trust that this innovation will prove acceptable.

Respectfully submitted,

WILLIAM V. LAWS, Chairman;  
E. H. MARTIN,  
C. P. MERIWETHER.

Dr. Barlow: I move that it be accepted.  
Seconded.

President: I suggest that it be referred to the Committee on Resolutions.

Seconded. Carried.

The next order was the report of the Committee on State Legislation and Public Policy.

#### REPORT OF COMMITTEE ON STATE LEGISLATION AND PUBLIC POLICY.

We, your committee, beg to report as follows:

In view of the fact that the Public Health Bill, which was proposed by the society and passed by a large majority of the last General Assembly, failed to become a law because it never reached the governor for signature, being lost or stolen by some person or persons unknown to our committee; in the further view of the fact that there are many reasons why Arkansas should have an efficient public health service, we submit herewith a proposition which we believe will meet the requirements of the public. It merits your serious consideration, and each member of this society should thoroughly understand its provisions, so that there shall be no defection in our ranks.

We recommend that the medical act of 1907 be amended so as to clearly and fairly define what constitutes the practice of medicine, and to this end we submit herewith a proposed amendment, which, if passed by the General Assembly, would cure some of the most flagrantly fraudulent practices imagined.

We heartily recommend that a bill be drawn by the next committee looking to the care and treatment of chronic inebriates along the lines now so successfully in operation in Iowa and other states.

It is quite likely that another attempt will be made to pass some sort of optometry legislation. Any attempt to give legal recognition to or confer dignity upon a purely commercial class of citizens should be met by strong and united opposition by the profession. The House should give instructions to the committee concerning this matter.

Respectfully submitted,

R. C. DORR,  
J. H. WEAVER,  
MORGAN SMITH,  
C. P. MERIWETHER,

President: This committee has a proposed bill which it will submit to the Reference Committee to be worked out, and it will be presented in full by that committee and will be up for discussion and adoption or rejection by the House of Delegates at its night session. The object of this meeting is to refer these matters so that the committees can get to work and we can do business tonight.

Dr. Kosminsky: I move that the report be referred to the proper committee.

Seconded. Carried.

The next order was the report of the Committee on Tuberculosis, by Dr. Young, chairman.

Dr. A. J. Vance, Harrison, Ark.:

Dear Doctor—I received a letter from Dr. Meriwether today, asking that we send in a report of the work of our committee, with such recommendations as we care to make, as soon as possible. I am enclosing you a partial report, with the request that you fill it out and forward to him at your earliest convenience. I have on hand a few of the first batch of pamphlets you sent me, and all of the last batch of 5,000, which arrived just a day or two ago. The larger ones have most all been handed out, but I have a dozen or two on hand now. I have distributed them mostly in Washington and Benton counties, among the physicians and the schools.

I am also making some recommendations, and if you approve them, sign them also and let them go in with the report; if not, suggest such as you wish and send to me for my signature.

Your friend,

F. B. YOUNG.

#### REPORT OF THE COMMITTEE ON TUBERCULOSIS.

To the Officers and Members of the Arkansas Medical Society:

We, your Committee on Tuberculosis, beg to report as follows:

We have distributed the following literature: Twenty thousand leaflets, "How to Avoid Consumption;" 5,000

cartoons or posters similar to small leaflets. We have also on hand the following: Twenty thousand leaflets (new supply just received), and 5,000 posters.

We also present herewith an ordinance drawn by a competent lawyer in accordance with all state laws, and applicable to any town or city. We recommend that the members of this society attempt to secure the passage of this or a similar law in each city and town in the state, and that the successors of this committee, if such be appointed, be requested to send a copy of it and such other anti-tuberculosis literature as may be available to the mayor of each city and town in the state. Thus may we be able to secure official co-operation.

#### Ordinance No. —.

An ordinance for the protection of the public health and to prevent infection by tuberculosis and such other diseases as may be communicated by expectorating or spitting in public places in —, Arkansas.

Be it ordained by the Council of the Incorporated Town (or city) of —, in — County, Arkansas:

Section 1. That it shall be unlawful for any person to expectorate or spit upon the floor, carpet or furniture in any public hall, school building, lobby, office, area, vestibule, or any other public space or apartment in any building located within the corporate limits of —, Arkansas.

Sec. 2. That it shall be unlawful for any person to expectorate or spit upon any of the sidewalks, street crossings, depot platforms, street cars, omnibus, hack or carriage, or any other public conveyance of whatsoever kind, or in any place in —, Arkansas, over which the public are accustomed to walk.

Sec. 3. That any person violating any of the provisions of this ordinance shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined in any sum not more than \$— for each offense, to be collected as other fines are collected in said town (or city).

Sec. 4. That all ordinances or parts of ordinances in conflict with this ordinance are hereby repealed, and that this ordinance take effect and be in force from and after its passage, approval and publication.

Passed and approved —, 191—.

\_\_\_\_\_, Mayor.

\_\_\_\_\_, Recorder.

In order to save expense as much as possible, your committee has attempted to work through the organized medical profession, but we regret to report that their interest has been difficult to arouse.

We recommend that a committee be appointed to continue this work, and that this committee be named "A Committee on Health and Public Instruction," and that the functions of this committee be extended from tuberculosis exclusively and made to cover general public instruction in matters of health, and particularly as regards preventable diseases.

We further recommend that this committee be instructed to co-operate with the Council on Health and Public Instruction of the American Medical Association, the Board of Health of the State of Arkansas, the Rockefeller Hookworm Commission, the various county and local Boards of Health and the organized medical profession.

We make these recommendations for the reason that we believe a great deal can be done in this State, even under existing laws, in the way of preventive medicine if all will work together, and we suggest this committee as the representative of the organized medical profession of the State and as a harmonizer. In the way of preventable diseases we would suggest be considered particularly the following: Measles, diphtheria, scarlet fever, and the various other diseases of childhood, often fatal, often carelessly contracted, and more often the forerunners of serious organic diseases of later life; typhoid fever, malaria, tuberculosis, hookworm, and such other epidemic and contagious diseases as may assume particular importance in any part of the State.

We also recommend that the profession of each county attempt to organize county and township Public Health Leagues, the membership consisting of physicians and laymen, teachers, lawyers, farmers, preachers, business men and all others who may be intelligently interested in matters of public health. This committee feels that if the profession of each county will co-operate with the present and proposed agencies for the dissemination of true medical knowledge among the people, much good may be accomplished, the people as a whole removed from their present dependency on quacks and advertisers for medical information, and we suggest this committee from the State Medical Society as one means to the desired end.

We further recommend that, should the above be adopted, each county medical society be requested to appoint a suitable "Committee on Health and Public Instruction" to co-operate with the forces mentioned above.

We further recommend that, should these suggestions be adopted, a suitable amount of money, not to exceed \$—, be put at the disposal of this committee, to be spent in forwarding this work.

Respectfully submitted,

F. B. YOUNG, Chairman;  
A. J. VANCE, Secretary.

May 14, 1912.

President: If you care to discuss any of these reports as they are brought in, the floor is open to you, but they will come up, I think, in a better condition for discussion after the reports have been made by the committees. However, you can discuss any of these reports you care to.

Dr. Hilton: Will this discontinue these different committees? Are they out, and new ones appointed?

President: Under the rule of procedure I should think that the duties of the committees are ended at the annual session unless they are continued.

Dr. Mann: When a report is accepted or rejected, is not the committee then discontinued?

President: That is a question I am not prepared to answer.

Dr. Young: It has been the rule heretofore that when a committee had reported that is the end of it, unless it was continued by motion.

Dr. Hilton: I move this report be received and that this committee continue in service. A great injustice is done every committee in appointing them for one year's service. In fact, they are just getting used to the work, getting a line on it, when they have to quit.

Seconded.

President: Do you want to adopt this report or refer it first? I understand there might be two motions here. The question first is in the reference of the report. Will you refer it to a committee, and then afterward pass upon it, and then include the question brought up by Dr. Hilton, or will you now adopt the report on Dr. Hilton's motion?

Dr. Steer: If the gentleman withdraws his motion and second, I think we can get a little more action here.

Dr. Hilton: I do not care to complicate this matter. I withdraw it.

Dr. Steer: I move that it be referred to the proper committee.

Seconded.

Dr. Hilton: I want to ask a question before I submit. Does that discontinue this committee?

President: No, sir.

Carried.

President: In my address I brought up that point, and I believe the committee to which that address is referred will bring up the very point, and this House will have a chance to act upon it later.

President: Before Dr. Mann makes his report of the Committee on Organization, at the last meeting of the State Medical Society it was suggested by someone that we undertake a little more complete organization of medical societies, and I, as president of the society, appointed members of that committee, of which Dr. Mann is one. He will make a report for the committee.

Dr. Mann: I just want to state that I was not notified of this appointment until about two or three weeks ago. I have not been able to get my committee together, and if you give me further time I will make a report during this session.

President: I will entertain a motion to relieve us of that terrible condition, as I am a member of that committee.

Dr. Hilton: I move that it be granted further time.

Seconded. Carried.

President: In order to expedite matters, I am ready to entertain anything for the good of the Arkansas Medical Society or the American Medical Association or the people of this country.

Dr. Proctor: I move that we endorse the Owens bill and wire our congressmen and senators in Washington to do all in their power to pass the same.

Seconded. Carried.

President: The secretary is ordered to transmit a properly worded telegram or memorial, if we have time, to our congressmen urging them to vote for the bill.

Dr. Cooper: I have a resolution.

Resolved, That the Sebastian County Medical Society deplores and condemns the action of the editor of the Arkansas State Medical Journal for permitting to be sent out with the Journal of the Arkansas State Medical Society a catalog advertising Dr. J. P. Runyan and his private hospital; and be it further

Resolved, That we consider this act in poor taste, both on the part of the editor of the Journal and Dr. Runyan, and that our delegates be instructed to bring this matter before the State society and that they request these resolutions be published in the State Journal.

President: The subject is not debatable, and it is referred to the Council for their consideration. Is there any other matter?

Dr. Mann: I have a matter or two I want to bring up. First, I want to introduce a resolution that the Committee on Necrology prepare a suitable program for a memorial service to be held at 8 o'clock on the evening of the second day of our annual meeting; just a little program. When I miss such a friend as Dr. Adam Guthrie from this society, who has always been a faithful worker in it, I feel, with others who love him, like we ought to go somewhere and have a little meeting and say some good things about the doctors who have been in our society.

Second resolution I wish to introduce is this, and I have reasons for it which I will give:

"Be it Resolved, That the Arkansas Medical Society petition the American Medical Association to substitute the word 'mosquito' for malaria in all of its publications, in order that the public may more quickly learn the true cause of the disease which is annually causing many thousands of deaths to our citizens."

My reason for this is that if we can get the word "malaria" eliminated and say that a man has mosquito fever or a mosquito chill, then the education is already complete with that family. When you walk in and see a man shaking with a chill in these malarial districts, "What is the matter with So-and-So?" "He has a mosquito chill."

President: You can move to refer them to the proper committee, or a discussion will be in order. There is no Committee on Necrology, and it will be a very nice thing for the Committee on Resolutions to take cognizance of Dr. Mann's suggestion.

Dr. Kosminsky: I want to say if you have a mosquito chill it might be a yellow fever mosquito.

Dr. Mann: I intended to mention that fact, that yellow fever is now a thing of the past in America. I think we can eliminate yellow fever, because we have not had any in a long time and probably never will have it again, but we do have chills all the time. I had an opportunity to introduce this resolution in another society, but I wanted the State of Arkansas to get credit for the change in that name, if it is done.

Dr. Kosminsky: I want to offer an amendment, that if you call it mosquito fever, we substitute the anopheles mosquito.

President: I think the best way to get rid of it is to refer it and discuss it tonight.

Dr. Bradley: I move that it be referred to the Committee on Resolutions.

Seconded. Carried.

The next order was the report of delegates to the 1911 meeting of the American Medical Association.

To the House of Delegates of the Arkansas Medical Association:

As one of your representatives in the House of Delegates of the American Medical Association, held in Los

Angeles, Cal., June 26-30, 1911, I beg to make the following report:

The House was called to order by President Dr. William Welch of Baltimore, with 128 of the 154 delegates present. The usual routine of business was transacted. The report of the secretary shows a membership of the American Medical Association on May 1, 1911, of 33,960, being 216 less than on May 1, 1910. The number of members from Arkansas is 963, 26 less than the year before.

The treasurer's report shows a surplus of \$448,633.56, an increase of \$51,994.17 during the past year. One of the problems that confronts the American Medical Association is the problem of membership. It appears at present that there is a large per cent of the membership of the association who are not members. The by-laws provide that any physician reported as a member in good standing of a constituent association can become a member after having paid his annual assessment and subscription to the Journal of the American Medical Association for the current year. Under this arrangement the conditions are these: That in a great many instances there are two or more members associated in a partnership or firm and in many families there are two or more members of the profession to whom more than one copy of the Journal would be valueless, but each one would have to be a subscriber to retain his membership. But this is not all. There are about 70 per cent of the membership of the component societies receiving the Journal. The other 30 per cent has an equal voice in the government of the associations and are virtually members who are not members, and it is a question of whether they are or are not pro rata owners of the funds of the association and legal participants of any dividends of the association that might by any unforeseen circumstances be declared, though they have never contributed to the support of the association. This problem will have to be solved sooner or later and is now referred to your body for discussion. One or two minor amendments of the constitution and by-laws were made, changing the verbiage but not the meaning of the amended section. A new section, that of hospital and hospital management, was created.

This report, far from being complete, I think, covers everything of essential interest to your body. I, however, take pleasure in reporting the election of that grand old (young) man, the father of pediatrics in America, Dr. Abraham Jacobi, president.

The next place of meeting, Atlantic City. The meeting was well attended in round numbers, about 3,000 registered.

The city of Los Angeles entertained us royally; fetes, barbecues, excursions and receptions to us or our wives, or both, each day. Those of you who failed to attend missed one of the most delightful trips of your lives. A more detailed account of which I have elsewhere published.

Report adopted.

JOSEPH T. CLEGG.

President: The adoption of the report will be in order, with thanks to Dr. Clegg.

Dr. Mann: I move that the report be adopted.

Seconded. Carried.

The next order was the report of the chairman of the Council.

To the President of the Arkansas Medical Society and the House of Delegates:

As chairman of the Council of the Arkansas Medical Society, I beg to hand you herewith our report for the year past.

Under the instructions of your president, on February 12, 1912, I addressed two letters to each of your councilors.

On March 7, 1912, I addressed a letter to each of the councilors.

On March 13, 1912, I again addressed a letter to each councilman in whose district there were counties which had no organized medical societies.

#### First Councilor's District.

To the letter of February 12 I beg to report that Dr. M. C. Hughey reports as follows. All counties now organized, two counties by himself.

#### Second Councilor's District.

Dr. J. H. Kennerly makes the following report:

Nothing done.

#### Third Councilor's District.

Dr. T. B. Bradford makes the following report:

All counties organized; one county added in his district, which is Cross County. Thirteen papers read in the district; three in Woodruff, none in St. Francis, two in Arkansas County and none in Monroe County. No report from Lonoke, Phillips, Prairie or Cross Counties. Number of members received in Woodruff County, three. Physicians eligible, but not members of county society, nine. People in favor of organized medicine. Representatives all favorable to health bill as represented by the medical society. Three lost from failure to pay dues.

ST. FRANCIS COUNTY: No new members added; no public meetings; four undergraduates; four eligible for membership, not members.

ARKANSAS COUNTY: One application pending; two meetings; eight undergraduates and four eligible for membership, not members. People are indifferent. Fourteen active members in the county.

LEE COUNTY: Lost two members; eight papers read; had no public meetings; three undergraduates in the county; four eligible, not members.

MONROE COUNTY: No members gained or lost; seven meetings held; no papers read; no public meetings; two undergraduates in county; all eligible are members. Representative favored the public health bill.

#### Fourth Councilor's District.

All counties organized. No report of members gained or lost. Counties hold meeting once a month, papers usually read at each meeting. A few public meetings. The undergraduates and non-eligibles outnumber the fully prepared and eligible physicians. The mass of the people are negroes and are not worrying about organized medicine. The whites are interested in all advantages in medicine and public health as preventatives of malaria, cure of tuberculosis and hookworm. This report was signed, "Yours truly, A. D. Knott, M. D.," with this notation, "N. B.—A lame duck among lame ducks is not as noticeable as a lame one among perfect specimens." I give this notation, as it is part of the report that I am unable to understand its application or see its benefits to organized medicine.

#### Fifth Councilor's District.

All counties organized; total membership, ———; one lost in Ouachita County by failure to pay dues; one lost in Lafayette County by moving out of the State; one lost in Dallas County by moving out of the State; Calhoun County, none lost and none gained; Union County gained ———; Columbia County gained one.

CALHOUN COUNTY: No change in membership.

COLUMBIA COUNTY: There are seven physicians eligible that are not members and eleven physicians that are undergraduates and non-eligible, and three eclectics. No meetings held; in fact, no interest in the organization among the physicians of the county.

DALLAS COUNTY: Six members; one lost by moving out of county. There are nine eligible that are not members of the society, and one ineligible, and one negro physician in the county.

LAFAYETTE COUNTY: Five members; one member lost by moving out of State. There are nine graduates that are eligible for membership and one that is not. There is also in this county one negro physician.

OUACHITA COUNTY: There are seven that are ineligible to membership and two negroes; there is one that is not a member of the society.

UNION COUNTY: There are twelve undergraduates, all ineligible for membership. Five who have quit or retired from the practice. There are three eligible that are not members of the society. There have been two public meetings held in the county, and six papers or quizzes read and nine meetings held. Our representatives in all the counties in this district, except Columbia and Ouachita, are favorable to the public health bill or any other legislation proposed by the society.

#### Sixth Councilor's District.

There are eight counties and your councilor reports one county—Little River—which is as follows. Nine members in good standing; two members this year; none lost, none dropped for non-payment of dues; about nine members eligible that are not members of the county society, and twelve or fourteen members practicing in the county not eligible to membership; one county unorganized, Pike. It does seem that the councilor of this district could have at least secured a report from the county in which he lives, with but little trouble, Miller County.

#### Seventh Councilor's District.

There are seven counties in this district. All counties organized except Scott. No report from the councilor.

#### Eighth Councilor's District.

There are seven counties in this district; four have made reports and three have not. It appears that all counties in this district are organized.

YELL COUNTY: Members added, three; lost, two; four meetings held, four papers read, number of cases reported; quite a number of patients before the society; five undergraduates, six eligible that are not members. Favorable to the health bill.

FAULKNER COUNTY: Members added, two; lost, two; meetings held, six; scientific papers, four; public meetings, none; undergraduates, twenty, two eligible not members; public favorable to organized medicine; do not know the position of senator or representative to legislation.

POPE COUNTY: Two added, none lost; three meetings held, six papers read; one public meeting; twelve undergraduates, three eligible not members; public favors

organized medicine. Senator and representative pledge themselves for the health bill.

**PULASKI COUNTY:** Eight added, two lost by death; twenty-two meetings held, eighteen papers read; no public meetings; three undergraduates; fifteen eligible not members; favorable to organized medicine. Senator and representative pledge themselves to medical legislation.

#### Ninth Councilor's District.

No report.

#### Tenth Councilor's District.

The following letter explains the report:

I beg to report that under instructions from your president to go to Texarkana and arrange for prosecution of one Mathis for the illegal practice of medicine, which I did, and herewith attach the letters from the city prosecuting attorney and the attorney that was employed by us, with the letters of Dr. T. E. Fuller, also bill covering expenses of same.

Correspondence of your president, Dr. Morgan Smith; your secretary, Dr. C. P. Meriwether; your editor, Dr. H. H. Niehuss, and your treasurer, Dr. John S. Woods, I herewith hand you.

I further state that in traveling over my district I have found in each county men peddling medicines, both of their own preparation and patent medicine, and that they are selling these medicines on recommendations of curing certain diseases. It does appear to me that this practice should be stopped, as it injures the ignorant, not only in health, but financially, and they are the ones who should be protected; as the intelligent people are more able to protect themselves. In one county I found a doctor who is eligible to membership in this society under our law who is making some twelve or fifteen remedies and is selling them, guaranteeing to cure different diseases, and I understand some of his remedies are patented. In two other counties I find men that are not eligible—being undergraduates—for membership that are practicing medicine and advertising to cure hemorrhoids without the use of knife or pain. I think this should be looked into by the organization, as I am sure it is practiced over the State.

I would recommend that the House of Delegates pass a resolution allowing undergraduates who are legally authorized to practice medicine to become associate members of the county societies by paying some fee to be fixed by each county society as it sees fit.

In one county in the Fifth District there is a druggist who is daily prescribing medicines for the cure of any complaint of which the patient may complain, and in some instances it was reported that injury has accrued from such prescriptions. I think, in justice to the local physicians of this town, the matter should be investigated and proper steps taken to correct the evil.

I beg to call the attention to the House of Delegates, and more especially the councilors of the State, that, should the councilors perform the duties devolved on them as councilors, we would have readily known who the opponents are to the legislation as proposed by the Arkansas Medical Society, as under the reports from those given were fourteen in favor or pledged, and six unknown. With this proportion we would have no trouble in securing any legislation we desire.

We recommend that an amendment be offered at this session fixing a uniform date for election of officers of the county societies.

As chairman of the Council I would recommend the following:

The Council on the last day of its annual session, or as soon thereafter as practical, select one of the members of the Arkansas Medical Society best qualified, to be known as an organizer.

The duties of said organizer shall be to visit and canvass counties where no organization exists and secure applicants of qualified physicians of said counties for membership in the county and State societies for the purpose of organizing said county, and when sufficient applications are secured, said organizer shall notify the councilor of the district at which he may be at work, of such applications. The councilor of said district shall at once go to the county so named and organize a county society according to the constitution and by-laws governing same.

It should be the further duty of said organizer to visit each county and State in those counties where societies already exist; and he shall visit all physicians of the county qualified for membership and not members, and secure their application for membership, if possible; and further secure applications of all undergraduates as associate members of the county society, said undergraduates paying whatever fee as may be fixed for each county society for such associate membership. Said organizer shall make a report to the chairman of the Council and to the councilor of the district in which he is at work on the last day of each month, and shall at all times be under the direction and supervision of the Council; and when he fails to meet the approval of the councilors in performing the work outlined by them, his services shall be discontinued by the Council.

For his services as organizer, the Arkansas Medical Society shall pay for each month's service \$85.00, and in addition for his services he shall be allowed for each and every application secured of qualified physicians for

membership of the county and State societies, all dues or fees that go to the State society as fixed by its law; and in addition thereto for each and every applicant, whether qualified for membership in both county and State, or undergraduates, said organizer shall have the entire fee that each county might receive from each of the above named applicants.

The organizer, on or before the last day of each month, shall give the secretary of each county a receipt for all fees that he may receive on membership taken by said organizer, this receipt to be forwarded at the proper time to the secretary of the Arkansas State Medical Society, for which said county receives credit as that amount of cash.

The organizer shall take up his work in a systematic way, and at all times keep the councilor in the district in which he is at work informed as to his movements and work performed or contemplated; and he shall notify the president and secretary of each county he intends visiting before such visit is made.

It will further be his duty to encourage peace and harmony among the members of the different county societies, and at any time he finds a lack of harmony existing, he shall so notify the councilor of that district and with aid of the councilor at once make every effort possible to adjust whatever cause exists and remove same, if possible.

It shall further be the duty of the organizer to observe closely and investigate when necessary, to confirm the information of each and every one that may be illegally practicing medicine or practicing unethically, or in any other way whatsoever violating the statute governing the practice of medicine; and where he finds information sufficient or deems it necessary, the councilor of this district shall be informed to take whatever steps as are necessary or as the law directs.

R. A. HILTON,  
Chairman Council.

**President:** A special committee has been provided, to which this report will be referred, and, unless you care to discuss some of the points brought out by the chairman, a motion to refer it will be in order.

**Dr. Cooper:** I move that it be referred.

**Seconded.** Carried.

The next order was the report of visitors to the Medical Department of the Arkansas University, by Dr. Gibson, chairman.

#### REPORT OF THE BOARD OF VISITORS TO THE MEDICAL DEPARTMENT OF THE ARKANSAS UNIVERSITY.

"Any truth, however perilous it may seem to be, is safer than any error, however necessary it may seem to be; and perfectly untrammelled inquiry is the quickest roadway to the knowledge of the truth."

**Mr. President:**

On the 16th day of May, 1880, the State Medical Society of Arkansas in annual session adopted the following resolution:

"Resolved, That the request of the faculty of the Medical Department of Arkansas Industrial University be granted, and in pursuance thereof that this society shall annually appoint a Board of Visitors, consisting of five members, who shall attend their annual commencement and witness the examination of candidates for graduation and report as to their proficiency."

As the examinations were nearly over when notices of our appointments were received, the chairman of the Board of Visitors addressed a letter to the president of this society, enclosing a copy of the resolution above quoted, and requested further instructions.

In reply to this letter of inquiry the following was received:

"Little Rock, May 3, 1912.

"Dr. L. P. Gibson, Little Rock, Ark.:

"Dear Dr. Gibson—I beg to acknowledge receipt of your letter of the 2d, directing my attention to the original resolution providing for the appointment of a Board of Visitors to the University of Arkansas, Medical Department, and defining their duties, and also to the action of the House of Delegates at the last annual session at Fort Smith upon the report of the Reference Committee on the report of the Committee on the Consolidation of Medical Colleges.

"I hold, first, that the report of the committee was not formally adopted; second, that Dr. Young's recommendation 'That a permanent committee to be known as a Committee on Medical Education be appointed, etc.,' which recommendation was endorsed by the Reference Committee and was received by the House of Delegates, was in violation of Chapter VIII of the by-laws of the Arkansas Medical Society. There is no provision made by the constitution and by-laws but for three standing or permanent committees, namely, a Committee on Scientific Work, a Committee on Public Policy and Legislation and a Committee on Arrangements. Therefore, it seems to me that before a permanent committee, such as the one contemplated by the report of the Committee on Con-

solidation of Medical Schools could be appointed by the Council, that the by-laws would have to be amended.

"I held this opinion at the time I appointed you on the Board of Visitors to the University of Arkansas, Medical Department. In view of the professional partisanship which existed between the two medical school factions in Little Rock at the time the committee made its report and before the consolidation of the two schools, I believe it was the intention of the committee to place the appointment of the Board of Visitors beyond the role of personal interest or feeling, and, personally, I heartily concur in the spirit of the resolution.

"The Arkansas Medical Society has always manifested a keen interest in the welfare of the University of Arkansas, Medical Department, and as an evidence of its interest annually presents a gold medal, paid for out of its treasury, to the student passing the best examination in all branches. It is right and proper that the State society should exercise a directorate over the medical colleges within its legal jurisdiction, and there should be the most cordial and frank relations between the two. Still believing that the Arkansas Medical Society should have an annual report from a Board of Visitors, I have appointed a committee, the members of which I believe should personally make an investigation of the school along the same lines as the Council on Medical Education of the American Medical Association, and report the results of their labor.

"I would have you understand that I have chosen you chairman of the committee, because I believe you to be honest, unprejudiced and willing to do your duty as outlined in the original resolution providing for a Board of Visitors and adopted by the Arkansas Medical Society many years ago.

"Trusting that you may find it convenient to serve on the committee, I am,

"Yours very sincerely,

"MORGAN SMITH,

"President Arkansas Medical Society."

In compliance with the above letter your Board of Visitors has accepted the serious responsibility of preparing this report, with the determination that its investigation shall be as thorough as the time at its disposal will allow, and that its finding should be submitted without prejudice or bias, its supreme purpose to be to do even and exact justice to all parties concerned, but, above all others, the Arkansas Medical Society and the medical profession of the whole State of Arkansas.

Our report will be necessarily voluminous and mostly documentary, because our investigations have shown that important documents are so scattered through different records and archives of various corporations, organizations and committees, some of which kept no records of a permanent nature, or minutes, that a vast amount of work has been necessary to get them in proper shape for ready reference.

The Arkansas Industrial University, Medical Department, was organized in 1879. For several years previous to the organization of this school there had been two factions in the medical profession of Arkansas, and for several years two State medical societies had existed. In the County of Pulaski there were two rival medical organizations. The Medical Society was organized by the leading physicians of Little Rock and no discrimination was made on account of affiliation with different societies, the best men, in every case, being chosen. The effect of this school was to unite the two medical societies into one body, and later to bring into the Arkansas Medical Society those who had theretofore declined to affiliate with it.

At the time of the organization of this Medical Department it was strictly a proprietary school, its affiliation with the Arkansas Industrial University being in name only, with the distinct understanding by the legislature that the State should not be called upon to bear any part of its expenses.

It was a good school for its day, and for many years its faculty was united remarkably harmonious in their endeavor to conduct in the State of Arkansas a good school of its class. Shortly after its organization it became a member of the American Medical College Association, which at that time had been but recently organized, and the faculty endeavored to comply with all the requirements of the college association. Through the efforts of the medical profession of Arkansas, the American Medical Association, the American Medical College Association and the State Medical Society, the standard of medical education has been gradually raised until at this time there is no place in our country for the unendowed, poverty-stricken medical school.

In the endeavor of the Medical Department to advance its standards and efficiency, the faculty repeatedly increased its laboratory facilities and teaching staff, going to the extent finally of placing the income of three years into a sinking fund for the betterment of its teaching, and submitted a proposition to give the city of Little Rock the sum of ten thousand dollars toward the building of a first-class hospital to afford clinical facilities for the school.

It finally withdrew from the American Medical College Association and joined the Southern Medical College Association, whose standards were not so high, but strenuously endeavored all the while to raise its course of

study to the requirements of the American Medical College Association, and finally adopted a graded course and rejoined that association.

Realizing the condition of medical education in this country, the faculty finally came to the conclusion that it would be impossible to longer conduct the school with honor to themselves and the medical profession of the State of Arkansas without endowment or State aid, and voluntarily proposed to give over all their right, title and interest to the State of Arkansas on condition that the State would conduct a medical department in accordance with the standards of the American Medical College Association. Too much praise cannot be bestowed upon this unselfish devotion of these men to the cause of medical education in a State too poor, or too indifferent, or both, to give financial aid to a department of its State University.

Perhaps a potent factor in the determination of the faculty to conduct a thorough-going, up-to-date school, or surrender, was the report printed in Bulletin No. 4 of the Carnegie Foundation for the Advancement of Teaching Education in the United States and Canada, which we append for your perusal.

From the Carnegie Foundation for the Advancement of Teaching Medical Education in the United States and Canada. Bulletin No. 4.

Arkansas: Population, 1,476,582. Number of physicians, 2,535. Ratio, 1:582. Number of medical schools, 2. Little Rock: Population, 44,931.

(1) Medical Department, University of Arkansas. Organized 1879. An independent institution, not even "affiliated" with the State University, whose name it bears.

Entrance Requirement: Nominal.

Attendance: 179; 81 per cent from Arkansas.

Teaching Staff: 35, 18 being professors.

Resources Available for Maintenance: Fees, amounting to \$14,100.00 (estimated).

Laboratory Facilities: After an existence of thirty years without any laboratory facilities except a dissecting room and a laboratory for inorganic chemistry, a frame building has recently been supplied with a meager equipment for the teaching of pathology and bacteriology. The session was, however, already well started and the new laboratory not yet in operation. No museum, no books, charts, models, etc., are provided.

Clinical Facilities: Hardly more than nominal. The school adjoins the City Hospital, with a capacity of thirty beds. From this hospital patients are brought into the amphitheater of the school building. There are no ward visits. The students see no contagious diseases; obstetrical work is precarious; of post-mortems there is no mention.

There is a small dispensary, of whose attendance no record is procurable.

Date of Visit: November, 1909.

(2) College of Physicians and Surgeons. Organized 1906. An independent organization, formed by men not in the older school.

Entrance Requirement: Nominal.

Attendance: 81; 59 per cent from Arkansas.

Teaching Staff: 34, 25 being professors.

Resources Available for Maintenance: Fees, amounting to \$6,450.00 (estimated).

Laboratory Facilities: Separate, recently organized, and very disorderly laboratories for pathology, bacteriology and chemistry, which with pharmacy work are all in charge of a single teacher, who is also pathologist, to the County Hospital, three miles off. He proposes shortly to add physiology. The usual wretched dissecting room is also provided. None of the necessary illustrative paraphernalia are at hand in the shape of books, charts, museum, etc.

Clinical Facilities: The faculty of the school controls an adjoining hospital, from which patients are brought into the amphitheater for demonstrations or operations. At operations it is claimed that students assist. No ward rounds are made. Occasional clinics are held at two distant hospitals (county and penitentiary). Obstetrical and acute medical cases are rare; contagious diseases are not seen. There are no post-mortems. A small daily dispensary attendance is claimed. There is no adequate dispensary equipment.

Date of Visit: 1909.

Both of Arkansas schools are local institutions in a State that has at this date three times as many doctors as it needs; neither has a single redeeming feature. It is incredible that the State University should permit its name to shelter one of them. The general educational interest of the State required that the State University, now inconveniently located at Fayetteville, should be moved to Little Rock. Once there, it could probably get possession of both schools and organize something better than either, which it could improve as its resources increase with the general prosperity of the State.

Previous to 1906, two abortive attempts had been made to organize medical schools in Little Rock. In 1906, at the very time the medical profession throughout the United States by every endeavor was trying to raise the standard of medical education and eliminate and annihilate proprietary schools, the College of Physicians and Surgeons was organized in Little Rock with a capital stock of \$100,000.00, of which \$52,000.00 was subscribed.

We invite your attention to the following extract from its articles of incorporation:

The College of Physicians and Surgeons on July 14, 1906, filed with the county clerk its articles of incorporation, from which the following extracts are made:

Capital stock, \$100,000.00, of which \$52,000.00 is subscribed.

Stockholders.	Number of Shares.
J. P. Runyan.....	100
W. P. Illing.....	100
D. C. Walt.....	100
Arthur E. Sweatland.....	30
C. C. Stephenson.....	10
J. P. Sheppard.....	10
B. W. Flinn.....	10
C. R. Shinault.....	30
S. P. Vaughter.....	5
E. Meek.....	30
T. E. Hodges.....	5
G. M. D. Cantrell.....	10
W. B. Smith.....	20
E. N. Davis.....	5
C. P. Meriwether.....	10
D. R. Hardeman.....	10
R. W. Lindsey.....	5
C. J. Drennen.....	20
W. A. Snodgrass.....	10

520 @ \$100, \$52,000

and the object of the corporation is stated as follows:

The general nature of the business proposed to be transacted by this corporation is the conducting of a school for the teaching of medicine and surgery in all their branches. Of pharmacy and dentistry, a training school for nurses and the maintaining and operation of sanitarium and hospital and the treatment, care, restraint of insane persons and inebriates.

Its last annual report filed in the clerk's office of Pulaski County shows the following:

#### COLLEGE OF PHYSICIANS AND SURGEONS.

Annual Report Filed with County Clerk July 1, 1911.

Amount of capital stock actually paid in.....	\$41,705.00
Cash value of the real estate.....	1,000.00
Cash value of the personal estate.....	1,000.00
Cash value of the credits.....	1,000.00
Amount of the debts.....	Nothing

Stockholders.	
J. P. Runyan.....	150
D. C. Walt.....	110
A. E. Sweatland.....	40
E. Meek.....	30
Robt. Caldwell.....	10
Josephine Shinault.....	30
S. P. Vaughter.....	5
T. E. Hodges.....	5
G. M. D. Cantrell, estate.....	20
W. B. Smith.....	20
E. N. Davis.....	5
C. P. Meriwether.....	10
R. W. Lindsey.....	5
C. T. Drennen.....	20
W. A. Snodgrass.....	20
W. R. Bathurst.....	10
W. H. Ahlington.....	10
H. H. Niehuss.....	10
J. P. Sheppard.....	10
D. R. Hardeman.....	10
B. W. Flinn.....	10
W. S. May.....	30

After the first year of its organization the dean of this school made overtures to the Arkansas University Medical Department for the consolidation of the two schools, but these overtures were never entertained, so the two schools continued separately.

As hearing directly on the consummation of the project to combine the two schools, the subjoined extracts are submitted, which were gleaned from various addresses, proceedings, etc.

Extract from the address of J. P. Runyan, M. D., president of the Arkansas Medical Society, delivered May 16, 1905:

"Every State that is able to support a medical school should see to it that said school should be the best possible to make it. Money is just as necessary a requirement in the making of a good medical department as it is in the making of a good literary university. And as the State, with its ample appropriations, is better able to maintain a literary university than a few private individuals whose financial resources are limited, just so is it possible for a State to better maintain its medical college by making it a part of the State University, making appropriations for the maintenance of laboratory and hospital facilities for teaching that are so necessary for the proper education of good doctors. Professors selected because of their special fitness to teach certain branches should be well paid, regardless of the number of students enrolled. This would do away with the commercial spirit now so rife in many of the private medical colleges in existence today."—Transactions of the Arkansas Medical Society, 1905, page 108.

Extract from president's annual address, Pine Bluff, May, 1909, by J. T. Clegg, M. D.:

"Our medical schools are entirely without aid and assistance from the State. This is not as it should be, and is very regrettable. I know the men at the head

of our medical institutions to be very conscientious, hard-working gentlemen, and that any shortcomings of the school are not due to them. Yet, it would be desirable if our two schools were merged into one, to which the State could well afford to vote a sufficient appropriation of money to build and equip a laboratory for scientific research and teaching, to furnish hospital facilities and otherwise aid her students to obtain any advantage of medical education that may be obtained in any other State."—Journal of the Arkansas Medical Society, June, 1909, page 1.

Report of Council, 1909, page 32:

"Dr. F. B. Young introduced a resolution which is recommended for your earnest consideration. He deems it detrimental to the best interests of the society to have two medical colleges in operation at the same time, and desires that a committee be appointed to devise ways and means whereby the consolidation of the two colleges may be affected, that the best interests of the medical profession of Arkansas be conserved. He desires that a committee of ten members of this society, one from each councilor district, to devise some scheme or plan of combination of interests looking to the consolidation of the two schools and report at next session of this society."

Transactions of the Arkansas Medical Society, 1909, page 37:

"The secretary, by direction of the chairman, read resolution in regard to Committee on Consolidation of Medical Schools at Little Rock.

"Dr. Lenow: I appoint Dr. Wood as first vice president to select this committee.

"Dr. Wood: I am from Fayetteville, and as Fayetteville and Little Rock are mixed up not a little in the matter of moving colleges and universities, I would like very much to get rid of that enormous responsibility. I would ask, if the president declines to act, that the matter be left to the Council.

"Dr. Lenow: It has been suggested, and I think it would be a feasible plan, to appoint Dr. Clegg, the retiring president of this society, and will ask him to accept this duty and appoint this committee, with the view of getting these medical colleges together, according to the resolution as passed.

"Dr. Clegg: The committee will be announced in due time."—Transactions, 1909, page 37.

Extract from annual address of President J. H. Lenow, M. D., May, 1910, Journal of the Arkansas Medical Society, page 3, June, 1910:

"There is no subject in the whole domain of medicine that is more vital just now than that of medicine education, for the future honor and dignity of the profession hang upon the proper solution of this question. There can be no denial of the statement that medicine has far outstripped all other sciences in the last half century, and it would be easy to particularize, but this would involve the entire review of the history of medicine, a subject with which you are more or less familiar, and one which I have studiously endeavored to evade.

"The scientific spirit is dominating medical thought throughout the world, and the curricula of our medical schools must conform sooner or later to the new order of things. Science is exacting, and frowns upon guesswork. A number of our best medical schools have raised the preliminary educational requirements for admission, and on account of enjoying large endowments the readjustment was easy. The 'proprietary schools' are loath to depart from the old rut and fossilized methods, but there is a pressure, positive and active, originated by the component societies of the American Medical Association and operating through the latter's Council of Medical Education, that will be felt in the plan to establish a uniform standard of medical education—satisfactory, we hope, to all interests.

"Medical education has undergone almost a revolution in the last twenty years, and it would not be stretching the imagination too far to say that the end of the next two decades will furnish a retrospect as marvelous and interesting as the one enjoyed at this time. The days of the 'professor-owned' college are numbered, as they should be, and in the future medical education will be embraced in the general educational system. Entrance requirements to our best schools will be raised to a decent height, and the curriculum will be elastic and more or less eclectic to meet the varied mental trend of students. Education is one of the most important functions of government, and by no hair-splitting logic can privately owned medical schools be justified in their continued existence and participation in medical education of the future. The law of the survival of the fittest will settle the question, as it has many others less knotty."

#### PROCEEDINGS OF THE HOUSE OF DELEGATES, MAY, 1910, PAGE 11.

Resolution to Make the Medical Department, University of Arkansas, a State Institution.

"(Dr. Anderson Watkins (Little Rock)—I desire to introduce the following resolution:

"Whereas, The standard of medical education is advancing so rapidly that the unendowed schools are at a disadvantage in the teaching of medicine; and

"Whereas, The Medical Department of the University of Arkansas has labored faithfully for thirty-one years to advance the cause of medicine and attain a proper

standard without any financial assistance from the State; therefore, be it

"Resolved, That the Medical Department should be taken under the wing of the University of Arkansas by the following plan:

"The medical school should turn over to a properly appointed Board of Trustees of the university all its money, property and equipment. The Board of Trustees should govern the school as other departments of the university, including the appointment of the faculty. The legislature of Arkansas should maintain the school by annual or biennial appropriations; and be it further

"Resolved, That the Committee on Public Policy and Medical Legislation is instructed by this House of Delegates to draft and advocate a suitable bill, to the effect of the above, in the next session of the Arkansas legislature."

"Dr. E. P. Bledsoe (Springdale)—I move the resolution be referred to the Committee on Resolutions. Carried."

#### FROM PROCEEDINGS OF MAY, 1910, HOUSE OF DELEGATES, PAGE 16.

##### "Report of Committee on Consolidation of Medical Colleges.

"Dr. F. B. Young (Springdale)—The report I will make is very short. There has been one thing about this committee, perhaps, that has been very much misunderstood by the members of the society and by the faculty of the two medical colleges of Little Rock. I have here the original draft of the resolution as adopted by the Council and introduced and adopted by the House of Delegates:

"Whereas, The existence of two medical colleges in Arkansas is detrimental to the influence of medical education and medical organization in this State, therefore, be it

"Resolved, That the Council of the Arkansas Medical Society request the president to appoint a committee of ten, one from each councilor district, to secure the consolidation of the two schools now existing in Little Rock into one, and the securing of connection in fact with the University of Arkansas."

"Securing the connection in fact means, as was fully and freely discussed in the Council, the securing of an appropriation for this school which is to be, we hope, in the future from the State funds. We believe now, and this committee has reason to believe since we have met here today, that we will be successful in consummating this idea. In making this report I wish to say that we have had one meeting of the committee with representatives of the faculties of each school, and since I have been here today I have received assurances from representatives of the faculties that they will be glad to talk to us in a kindlier spirit than when they first met this proposition.

"I am free to say that some responses that this committee has received have been anything but pleasant. Some of them have been very pleasant; some of them have been really insulting. Some gentlemen thought we were trying to take some of their private rights away from them, but we overlooked these things. It is going to be mighty hard to insult this committee; it's going to be mighty hard to make us mad, and it's going to be mighty hard to keep from consolidating these two schools and making an attempt to get an appropriation from the State. The time has long since passed in Arkansas—poor old Arkansas!—and every other State in the Union for joint stock company schools. Now, I am walking on somebody's toes, and I know who the 'somebodies' are, and I don't care. They are all my friends, and I don't mind walking on their toes. But the time has passed, and has forever passed, for unendowed schools. The report at the last meeting of the Council on Medical Education makes that more apparent than anything that has ever come to the public from an authoritative source, and this committee is not attempting to dictate to either the Medical Department of the University of Arkansas or the College of Physicians and Surgeons of Little Rock, or to the Board of Trustees of the University of Arkansas, or to the Arkansas Medical Society, or to anybody else; but we are making an attempt to bring all these different elements together and secure a harmonious working body. All we ask is that these gentlemen come to us in a kindly spirit and good manner and let us all work together and see if we cannot accomplish something.

"The committee will meet tonight in this hall at 7:30, and we have invited representatives from each faculty to be with us. These gentlemen have signified their willingness to meet with us, and we will entertain them either separately or together, as they may desire. We beg to make this incomplete report at this time, and ask further time to make a final report on next Friday morning.

"On motion, the committee was granted further time."—Proceedings House of Delegates, 1910, page 16, Journal Arkansas Medical Society.

##### "Report of Committee on Resolutions.

"Dr. L. Kirby (Harrison)—I want to say that we feel that this report, which is made unanimously, probably does not cover all the ground that might be covered, but it covers the principle probably involved. Before starting out, we want to say that we recognize one fact. I think I correctly quote Dr. Jackson, who is here as a guest of this society, when he says that the time for unen-

dowed schools, or those not having State support, is nearly passed. We recognize the fact that we must, if we have any State pride, if we have any interest in Arkansas, if we have any home pride, try to do something to obtain a school in this State that shall have sufficient State aid by which it may be run, as we will indicate in our report. That will be done by rich men furnishing endowment. We have no hopes for such a thing, and the only chance to secure such a school will be through State aid. I will read the resolution as introduced by Dr. Watkins.

"Whereas, The standard of medical education is advancing so rapidly that the unendowed schools are at a disadvantage in the teaching of medicine; and

"Whereas, There is room in the State of Arkansas for only one medical school of good standing and equipment; and

"Whereas, The Medical Department of the University of Arkansas has labored faithfully for twenty-one years to advance the cause of medicine and attain a proper standard, without any financial assistance from the State, therefore, be it

"Resolved, That the Medical Department should be taken under the wing of the University of Arkansas by the following plan: The medical school should turn over to a properly appointed Board of Trustees of the university all its money, property and equipment. The Board of Trustees should govern the school as other departments of the university, including the appointment of the faculty. The legislature of Arkansas should maintain the school by annual or biennial appropriations; and be it further

"Resolved, That the Committee on Public Policy and Medical Legislation is instructed by this House of Delegates to draft and advocate a suitable bill to the effect of the above in the next session of the Arkansas legislature."

"Upon this resolution, as referred to your committee, we beg to report:

"We, your Committee on Resolutions, beg leave to submit the following upon the resolution of Dr. A. Watkins:

"We recommend the adoption of said resolution, with the following conditions:

"First. The Medical Department of the University of Arkansas turn over all of its property to the State.

"Second. The State shall control all of said property by a properly appointed Board of Trustees, which Board of Trustees shall conduct a medical school in which the entire course of instruction necessary to the obtaining the degree of doctor of medicine shall be taught.

"Third. At the time the transfer of said property is made, the present faculty shall be considered as having resigned.

"Fourth. That a new faculty shall be appointed by the Board of Trustees, and an advisory committee appointed by the Arkansas Medical Society. This advisory committee, appointed by the Arkansas Medical Society, shall have the right and power to select a list of names from which the Board of Trustees may appoint the new faculty.

"Respectfully submitted,

"LEONIDAS KIRBY, Chairman;

"J. G. EBERLE,

"HENRY THIBAUT."

"I want to say that we certainly feel that the legislature will take such action as it sees fit. As to the University of Arkansas, Medical Department, it is one in name only, and the faculty wants to make it one in fact. The legislature will have the controlling voice in the matter in the end, and it does not make any difference what we may urge in this respect. The resolution of Dr. Watkins simply proposes to turn the school over to the State, provided the State will take it in charge and conduct a proper medical school; but we make certain recommendations, and I believe our legislature, if properly memorialized by this body, will at least in a measure follow what we suggest.

"Dr. C. C. Rice (Bentonville)—I move the adoption of the report.

"The motion was seconded and carried."—Proceedings House of Delegates, 1910, page 26, Journal Arkansas Medical Society.

##### "Report of Committee on Resolution to Consolidate Medical Schools.

"Dr. F. B. Young (Springdale), Chairman—At the last meeting of the State Society, imbued by the spirit of trying to start something, I introduced a resolution providing for the appointment of a committee whose duties were to attempt to consolidate the two schools in Little Rock and make them a part, in fact, of the university system; and I started something—and it has been going ever since. This committee has been misunderstood. We have no intention whatever of reflecting upon the faculty of either school or upon any member of the faculty of either school. We have had all kinds of trouble, but by compromising and getting together we have finally formulated a ten-line report, which I have the honor of presenting, and is as follows:

"We, your Committee on Consolidation of Schools, recommend that the Arkansas Medical Society ask the legislature to accept the offer made by the Medical Department, University of Arkansas, and that we ask the College of Physicians and Surgeons to offer their equip-

ment, and the concessions for ten years, as agreed between themselves and Dr. E. E. Meek, but retaining their real estate. We also ask that both faculties resign and allow the Board of Trustees of the University of Arkansas to elect a faculty for the new institution. We also ask that a committee from this society be appointed to assist in this work.

"F. B. YOUNG, Chairman;  
"GEO. S. BROWN,  
"J. C. WALLIS,  
"L. KIRBY,  
"C. S. PETTUS."

"We realize that this does not meet the approval of all the gentlemen interested, but with a kind feeling toward all these gentlemen we have agreed, as a committee, on this as a basis of compromise, and we hope by the time the society meets next year that something will have been accomplished in this line.

"Dr. E. C. Hay (Hot Springs)—I move that the report be adopted and the committee be retained.

"Adopted.

"Dr. Young—The member of this committee from the Second Councilor District, Dr. J. L. Burns of Jonesboro, has resigned, and I would like for the chair to appoint another gentleman in his place.

"President Lenow—I appoint Dr. C. M. Lutterloh of Jonesboro."—Proceedings of the House of Delegates, May, 1910, Journal of the Arkansas Medical Society, page 33.

Extract from annual address delivered by President R. C. Dorr, at the thirty-fifth annual meeting of the Arkansas Medical Society, Fort Smith, Ark., May 3-5, 1911:

#### "Medical Colleges Disorganizers.

"I would recommend for the benefit of organized medicine, that this society, as a body, have nothing more to do with the consolidation or taking over by the State of either one of the medical colleges of this State unless these colleges are united. If that is done, then I would advise this society to get behind it as a body and put it on the high plane it should be. Also try to get an endowment fund for its maintenance.

"It is my opinion that the medical colleges of this State have done more to disorganize medicine than any one thing in the State at the present time. I am sorry to say that some of the faculties and friends of these schools, consciously or unconsciously, try to line up the members of this society upon one side or the other. It does not make any difference whether they want to be lined up or not. This is no hasty conclusion of mine, but I arrived at it by my own observation and by talking with other members of the society, who, I am sorry to say, believe as I do about this matter."—Journal Arkansas Medical Society, page 1, June, 1911.

#### "Report of the Committee on Consolidation of Medical Colleges.

"Dr. Frank B. Young of Springdale, chairman, introduced the following report, which was read amidst applause:

"The object of this committee is well known, as is the offer of the Medical Department, University of Arkansas. The offer of the Medical Department, University of Arkansas, is embodied in Senate Bill No. 416, which has already passed the Senate and is now pending in the House, where it will doubtless pass if petty politics do not kill it; there is no objection from anyone to the bill itself. However, at this writing it seems that the bill may be lost in the bustle of finishing up the work of the session. In the event this bill does pass, an agreement has been reached whereby the College of Physicians and Surgeons will turn over certain of their property and all of their good will to the Board of Trustees of the University of Arkansas, to be controlled by the board. The faculty of the College of Physicians and Surgeons will resign, as will that of the Medical Department, University of Arkansas. This has been agreed upon by representatives of both schools and by a number of members of the Board of Trustees of the University of Arkansas, and is heartily entered into by all concerned.

"Should the bill fail to pass we still have a tentative agreement that the two schools will unite and a larger and better school be opened in Little Rock next fall, and two years from now the legislature will again be asked to act in the matter. We feel that the two schools and the members of the faculties are now working in better spirit and harmony than for years past, and that in this merger we have the nucleus of one of the great medical colleges of the South. There is room in the faculty for every physician of ability in Little Rock, and we soon expect to see the end of that discord and strife which was rapidly permeating the Arkansas Medical College.

"The action of this committee brought forth some unkind words and experienced some bitter feelings, but we think that this is all ended now and that all interested parties are satisfied with the results. There is just one thing we have failed in if the bill passes, and that is in securing an appropriation. This was found to be absolutely impossible in the present condition of the State's finances and was not asked, but we hope to do better soon.

"We would suggest that this house appoint a committee to continue the efforts to consolidate the medical

schools and that said committee be specifically requested to meet in Little Rock early in June for this purpose."—Report of Council Proceedings, Arkansas Medical Society, Fort Smith Meeting, May, 1911. See Journal of the Arkansas Medical Society, June, 1911, page 16.

"We recommend that a permanent committee, to be known as 'The Committee on Medical Education,' be appointed at this meeting. This committee should consist of one member from each councilor district, the outgoing and incoming presidents of this society, the secretary of this society and the dean of the Medical Department of the University of Arkansas, as formed from the merger mentioned above. Its duties shall be to foster and sustain an interest in medical education in Arkansas in every way possible; to attempt to gain the united interest of the profession of the whole State in the Medical Department of the University of Arkansas; to inspect the teaching facilities and laboratories of the Medical Department, University of Arkansas, at least annually, and report to this society, or to the proper authorities, such changes as they would deem beneficial; to attempt to interest wealthy members of the profession and other philanthropic citizens in furnishing an endowment for the Medical Department of the University of Arkansas; to work for the establishment of a State general hospital to be run under proper control in connection with the Medical Department, University of Arkansas; to advise with the Board of Trustees, University of Arkansas, as to changes in laboratory work, teaching facilities, etc., when requested to do so; and in all other ways to forward the cause of medical education in every possible manner, with the further understanding that these duties are wholly advisory and not in any way executive.

"We recommend that this committee be named by the councilors instead of being named by the delegates or president, and make it self-perpetuating; that is, when one member drops out for any cause the remaining members shall have the power to name his successor, with the understanding that any or all the members may be recalled by the House of Delegates or the Council at any time. In this manner the committee will always be familiar with the work in hand as even the members elected will serve two years, and still the whole committee will be amenable to the House of Delegates or the Council.

"When this merger is formed we ask the support of the united profession of the State for the Medical Department, University of Arkansas, for we believe it will be a grand success.

"With this report and recommendation this committee asks to be discharged.

"F. B. YOUNG, Chairman;  
"W. S. STEWART."

"On motion of Dr. Wm. V. Laws of Hot Springs the report was referred to the Reference Committee."—Proceedings House of Delegates, 1911, pages 14 and 15, Journal Arkansas Medical Society, June, 1911.

#### "Report of the Reference Committee on the Report of the Committee on Consolidation of Medical Schools.

"We, your committee appointed to investigate the report of the Committee on the Consolidation of Medical Schools, recommend that instead of the committee being appointed by the House of Delegates or the president, that the councilors make the appointment.

"T. J. STOUT, Chairman."

"Dr. Hilton—I move that the report be received and the committee discharged.

"Seconded. Carried."—Proceedings House of Delegates, 1911, page 13, Journal Arkansas Medical Society, June, 1911.

It will be seen from the foregoing that the only condition imposed by the faculty of the Medical Department in giving their school to the State was that the State of Arkansas "shall forever maintain a first-class medical school as a part of the University of Arkansas, and the faith and the credit of the State to carry out this agreement on her part. Said medical college to be operated in a first-class manner and with a course of study, method of instruction and equipment of a standard equal to that required of medical colleges by the American Association of Medical Colleges."

When the bill taking over the Medical Department was introduced it was strenuously opposed by the dean and some other members of the faculty of the College of Physicians and Surgeons, until the Medical Department was forced either to withdraw its proposition or to unite with the College of Physicians and Surgeons on the condition that the College of Physicians and Surgeons should receive from the Medical Department the sum of fifteen thousand dollars (\$15,000.00) to be paid out of the tuition fees of students at that time matriculated at the College of Physicians and Surgeons.

The following is a copy of the preliminary compromise agreement:

"Little Rock, Ark., April 15, 1911.

"The Board of Directors of the Medical Department, Arkansas University, met in called session at the office of Dr. E. R. Dibrell at 5 p. m. The purpose of the session was to consider the action of a committee appointed by the faculty for the special purpose of furthering the passage in the General Assembly of a bill providing for the care and maintenance by the State of the Medical Department of Arkansas University.

"The committee was composed of Drs. E. R. Dibrell, O. K. Judd and Anderson Watkins. This committee, in conference with the faculty of the College of Physicians and Surgeons, agreed to the following, namely:

"That if the medical school bill, known as Senate Bill No. 416, should become a law and be put into effect, that the present faculty of the Medical Department of Arkansas University will memorialize the Board of Trustees of the university to purchase from the College of Physicians and Surgeons certain concessions, laboratories, good will, etc., for the sum of fifteen thousand dollars (\$15,000.00) or such part thereof as seems equitable to the P. and S. school and the trustees.

"In return, the College of Physicians and Surgeons agree to cease all fight on Senate Bill No. 416, and to work for its passage in the House, without amendment; and further agrees, in the event that the bill passes and the university trustees purchase the above concessions, to cease as a medical school and not to start another school, and to work for the good of the newly formed Medical Department of Arkansas University.

"The Board of Directors of the Medical Department of Arkansas University hereby ratifies and confirms the agreement between its committee and the faculty of the College of Physicians and Surgeons."

(Signed by President and Secretary.)

The following is a copy of the bill as passed by the legislature:

#### "Act 360.

"An act to provide for the better organization and maintenance of the department in the University of Arkansas to teach and advance medical science and to accept property for the purpose.

"Whereas, The 'Arkansas Industrial University, Medical Department,' a corporation organized and existing in Pulaski County, Arkansas, under the laws of Arkansas providing for the incorporation of benevolent associations, is the owner of the following described real and personal property, to-wit:

"A parcel of ground and building thereon at the corner of East Second and Sherman streets, in the city of Little Rock, of the estimated value of thirty thousand dollars (\$30,000.00), a parcel of ground and building thereon at No. 611 East Markham Street, in the city of Little Rock, of the estimated value of six thousand five hundred dollars (\$6,500.00), cash on hand twenty thousand dollars (\$20,000.00), office fixtures of the estimated value of four hundred dollars (\$400.00), operating room of the estimated value of three hundred dollars (\$300.00), dispensary of the estimated value of five hundred dollars (\$500.00), library of the estimated value of one thousand five hundred dollars (\$1,500.00), chemical laboratory, apparatus, supplies and chemicals of the estimated value of one thousand two hundred dollars (\$1,200.00), anatomical laboratory of the estimated value of three hundred dollars (\$300.00), pathology, bacteriology and histology laboratory of the estimated value of four thousand seven hundred and three dollars (\$4,703.00), and physical laboratory, equipment and supplies of the estimated value of three hundred and fifty dollars (\$350.00), all said property of the aggregate value, estimated, of sixty-five thousand seven hundred and fifty-three dollars (\$65,753.00), in which buildings and with which property a medical college is being conducted under authority of the University of Arkansas, but at the expense of the corporation aforesaid; and

"Whereas, Said corporation is willing to convey all said property to the State of Arkansas for the use of the University of Arkansas, in consideration of the State maintaining and conducting a medical college as part of the University of Arkansas.

"Be It Enacted by the General Assembly of the State of Arkansas:

"Be It Enacted by the People of the State of Arkansas:

"Section 1. That the medical college now being operated in the city of Little Rock, under the authority of the University of Arkansas, but being maintained by and conducted in buildings belonging to the 'Arkansas Industrial University, Medical Department,' a corporation organized and existing in Pulaski County, Arkansas, under the laws of Arkansas providing for the incorporation of benevolent associations, shall be named the Medical Department of the University of Arkansas, and shall hereafter be maintained at the cost of the State of Arkansas, and shall be a department for the instruction of students in medical science, and a part of the University of Arkansas, but may be located at the city of Little Rock.

"Sec. 2. The said Medical Department shall be under the management and control of the Board of Trustees of the University of Arkansas as fully and with like effect as the other departments of the said University of Arkansas. Said Board of Trustees shall employ all necessary supervisors, professors and teachers, agents and servants required to carry on such Medical Department, and shall cause said Medical Department to be operated in a first-class manner, and with course of study, methods of instruction and equipment of a standard equal to that required of medical colleges by the American Association of Medical Colleges; and they shall from time to time, as the finances will allow and the advancement and necessity of said department require, add courses, fill professorships and add buildings, furniture, libraries, apparatus and other things so as to keep said department up to the standard required by the American Association of Medical Colleges.

"Sec. 3. Said Board of Trustees shall fix a scale of matriculation and tuition fees, in reasonable sums, and shall prescribe the terms and conditions for the payment thereof, and students attending said department shall pay the said fees, except the said board may provide honorary free scholarships in furtherance of the best interests of said department. Said fees shall be collected under the direction of the said Board of Trustees, which shall prescribe the method of collecting the same, and when collected they shall be paid over to the treasurer of the University of Arkansas and kept as a fund for the said Medical Department, and shall be paid out by the orders of the said Board of Trustees only for the use and benefit of the said Medical Department of the University of Arkansas.

"Sec. 4. The expenses and cost of maintenance and operation of said Medical Department of the University of Arkansas shall be borne by the State of Arkansas, and the State General Assembly shall provide for same by appropriations made in like manner as appropriations are made for the maintenance and operation of the University of Arkansas.

"Sec. 5. This act shall take effect and be in force from and after the date when the 'Arkansas Industrial University, Medical Department,' a corporation organized and existing in Pulaski County, Arkansas, under the laws of the State of Arkansas providing for the incorporation of benevolent associations, shall deliver and shall convey and transfer, by appropriate instruments in writing, sufficient to pass title, all the real and personal property of said corporation, consisting of the lots and parcels of ground and buildings thereon in the city of Little Rock, whereon the medical college named in section one (1) of this act is being run, and all the apparatus, supplies, instruments and equipments used in the conduct of said medical college, to the State of Arkansas, for the use and benefit of the University of Arkansas; and when said property shall be so delivered and conveyed, the conveyance thereof shall be irrevocable and forever binding upon the said vendor, but is accepted by the State of Arkansas with the understanding upon the part of said vendor and said State of Arkansas that the intent and purpose and consideration of said conveyance is that the State of Arkansas shall forever maintain and operate a first-class medical college as a part of the University of Arkansas, and the faith and credit of the said State is pledged to carry out this agreement on her part; provided, that as to any property of the said corporation, the 'Arkansas Industrial University, Medical Department,' which is held by it by bequest, devise, or gift, or conveyance, made upon any condition binding upon it, the said corporation, the said State of Arkansas, shall take and accept any such property from said corporation and shall hold it upon the same conditions as it was held by said corporation.

"Sec. 6. That all laws and parts of laws in conflict with the provisions of this act are hereby repealed, and this act being necessary for the immediate preservation of the public peace, health and safety, shall take effect and be in force from and after its passage.

"Approved May 30, 1911."

In accordance with the compromise agreement the following memorial was presented to the Board of Trustees, University of Arkansas:

"June 3, 1911.

"Board of Directors, University of Arkansas, Fayetteville, Ark.:

"Gentlemen—The University of Arkansas, Medical Department, through its dean and secretary, wish to memorialize your honorable board for the sake of harmony among the medical profession of Arkansas, and to the end that there be only one medical college in this State to purchase from the College of Physicians and Surgeons their laboratory equipment, concessions with Dr. Meek, consisting of a nine-year lease of two lecture halls with free heat, light and their good will, and agreement to cease running a medical college.

"For the above we recommend that an amount of fifteen thousand dollars be paid to the said College of Physicians and Surgeons. We understand that this amount may be paid within three years, during which time it is our opinion that this amount, or more, may be obtained from students who are now matriculates of the College of Physicians and Surgeons and may be induced to attend the University of Arkansas, Medical Department, provided the former college ceases to exist.

"We further understand from the representatives of the College of Physicians and Surgeons that if the amount obtained from medical students now matriculated in this college should fail to reach fifteen thousand dollars within three years, they will not expect the State to pay them an excess of the amount obtained—if more than fifteen thousand dollars is obtained from said source, they will not expect any additional amount.

"Respectfully submitted,

"Pres. and Dean of Faculty,

"Secretary."

Here follows the form of contract as finally signed:

"THIS AGREEMENT, made and entered into this ..... day of July, 1911, by and between the Medical Department of the University of Arkansas, a corporation, party of the first part and the College of Physicians and Surgeons, a corporation, party of the second part,

"WITNESSETH: For the purpose of promoting medical science in the State of Arkansas by merging and combining the two above named medical colleges, and in consideration of the covenants and agreements hereinafter named and stipulated, the parties hereto mutually agree as follows:

"The College of Physicians and Surgeons, a corporation, herein referred to as party of the second part, hereby agrees to cease doing business as a medical college, to refrain from accepting or soliciting students and to wind up its affairs as such medical college as soon as possible after this contract is duly signed and executed.

"The said party of the second part further agrees to convey, assign, set over and deliver by proper legal instrument, to the said party of the first part, for the use and benefit of party of the first part, all of the equipment, laboratory apparatus, furniture, fixtures and all personal property of whatsoever kind pertaining to medical college work now belonging to said party of the second part, including its good will, any special contracts, leases or agreements belonging to said party of the second part, and including especially and particularly a certain contract dated the 10th day of May, 1910, by and between Dr. E. Meek and the College of Physicians and Surgeons, said contract being duly executed and filed for record, a copy of said contract being hereto attached and made a part of this agreement. The party of the second part further agrees to furnish to party of the first part, and does hereby furnish a complete and accurate inventory of all of the afore mentioned property, said inventory being herewith attached and made a part of this agreement.

"The party of the second part further agrees to turn over to the party of the first part any documents and lists that may be useful in increasing the number of students that may attend a medical college, and especially and particularly the list of students now enrolled with party of the second part, a copy of said lists being herewith attached and made a part of this agreement; party of the second part hereby further agrees to use its influence and best endeavors to induce said students to attend the Medical Department of the University of Arkansas, when the merger contemplated by this agreement shall have been perfected.

"In consideration of the covenants and agreements hereby made by the party of the second part, the party of the first part hereby covenants and binds itself as follows:

"That all students who have heretofore graduated from the College of Physicians and Surgeons since its origin shall receive a certificate showing them to be graduates of the medical college to be formed out of the merger of the two medical colleges herein named, and said graduates shall be permitted to join the Alumni Association of the Medical Department of the University of Arkansas and shall be admitted to the enjoyment of all rights and privileges of said Alumni Association.

"It is further mutually agreed and understood by and between the parties to this agreement, that the consideration for the promises and agreements herein made by the party of the second part is to be the sum of fifteen thousand dollars (\$15,000.00), to be paid under the following conditions and limitations and in the following manner:

"The students now enrolled at the College of Physicians and Surgeons (list hereto attached), or so many of them as may enroll and attend the Medical Department of the University of Arkansas, shall be accredited as enrolled students of the College of Physicians and Surgeons. All fees paid by any and all of said students shall be distributed as follows: First, all laboratory fees paid by said students shall be paid to the party of the first part, or to the Medical Department of the University of Arkansas; second, all tuition fees that may be paid by any of said students, whose names appear on the afore mentioned list as accredited students of the College of Physicians and Surgeons, if within three years from the date of the opening of school in September, 1911, shall be collected by the party of the second part, or its authorized agent, until said sum of fifteen thousand dollars (\$15,000.00) is collected by and for the party of the second part; third, the graduation fees of said specially designated students in like manner shall be collected by the party of the second part, or its authorized agent, save and except the sum of two dollars and fifty cents (\$2.50), or so much thereof as may be necessary to pay for the cost of diploma of said student. Pharmacy students are to be accredited and funds distributed on a like and similar basis as above outlined, provided a pharmacy school is maintained under the merger herein contemplated.

"If within said period of three years the amount of tuition and graduation fees paid in by said list of students should exceed the sum of fifteen thousand dollars (\$15,000.00), all sums in excess of said sum of fifteen thousand dollars (\$15,000.00) shall not be collected by party of the second part, but shall be paid and turned into the Medical Department of the University of Arkansas. If within said period of three years said tuition and graduation fees, as herein provided, should not make and accumulate a total of fifteen thousand dollars (\$15,000.00), the same shall be considered a loss to the party of the second part and the party of the first part shall in no way be liable for said deficit.

"It is hereby mutually agreed and understood by and between the parties to this contract that the terms and

stipulations of this agreement are made, signed and executed with the distinct understanding and upon the condition that the Board of Trustees of the University of Arkansas take over both medical schools and merge same into one medical college, as contemplated in this instrument. Otherwise this contract is to be considered null and void.

"IN WITNESS WHEREOF, the party of the first part and the party of the second part, by their duly authorized and constituted officers, have this day signed and sealed this agreement.

"MEDICAL DEPARTMENT OF THE  
UNIVERSITY OF ARKANSAS,  
"By  
"COLLEGE OF PHYSICIANS AND SURGEONS,  
"By

In response to the application of the Medical Department of the trustees to be taken over by the university the following was received:

"To the Faculties of the Arkansas University, Medical Department, and College of Physicians and Surgeons: "Gentlemen—The undersigned committee, appointed by the Board of Trustees of the University of Arkansas to deal with the question of taking over the Medical Department of the University of Arkansas and to consider taking over the College of Physicians and Surgeons, announce this as our conclusion and decision:

"We have decided to defer action on this transfer until after the meeting of the next General Assembly for the following reasons:

"The act providing for the transfer makes no provision for the taking over of the Physicians and Surgeons College, and this committee doubts the advisability of taking over one college alone.

"We are in doubt as to our power to take over the Physicians and Surgeons College without express authority from the legislature to do so.

"We find further that the two colleges are not as yet agreed as to who should be dean of the merged college, and are otherwise at variance as to the conduct of the proposed merged institution.

"In order to carry out the provisions of the bill, it will require the expenditure of funds which have not been provided by the legislature.

"The bill itself does not go into effect for ninety days and it would be premature for the committee to take any action now.

"We suggest that these colleges proceed with their catalogues and conduct their respective institutions for another two years as heretofore done; or we suggest that in view of the fact that we are limited by the terms of the bill to the single power of taking over the Arkansas State University, Medical Department, that a merger be accomplished by the two institutions under the name designated in the bill, so as thus far to remove any question of the power of the board, under the act, to take over the College of Physicians and Surgeons.

"This in substance is our decision.

"EDGAR BREWSTER,  
"CHAS. C. REID,  
"GEO. B. COOK,  
"J. N. TILLMAN.

"Committee."

It seems that after further negotiations the subcommittee agreed to take over the school, as is shown by the following transcript:

"Minutes of Adjourned Meeting of Committee Appointed by the Board of Trustees of the University of Arkansas to Arrange for Transfer of the Medical Department of the University.

"The meeting was called to order by Chairman Edgar Brewster at 10 o'clock the morning of July 5, 1911, in the office of the State superintendent of public instruction, Little Rock, all members of the committee being present.

"Committees from the Medical Department of the Arkansas University and the College of Physicians and Surgeons appeared before the committee and submitted the merger agreement between the said medical school, a deed of conveyance from the Medical Department of the University of Arkansas, and a statement of the faculty for the proposed merged school selected by the representatives of the two schools, all of which are attached herewith.

"In executive session the committee unanimously adopted the following resolutions:

"Resolved, That the proposition of the Arkansas University, Medical Department, tendering a deed of all the property of said institution embraced in the act of the legislature, by authority of which said proceedings were had, together with such other property as said institution may have acquired by gift, grant or merger, be, and the same is hereby, accepted in accordance with the provisions of the said act of the legislature, to take effect when the secretary of the Board of Directors of said Arkansas University, Medical Department, shall file with the secretary of this committee properly certified minutes of the meetings of the stockholders and Board of Directors of said Arkansas University, Medical Department, and properly certified copies of the minutes of the meetings of the Board of Directors and the stockholders of the College of Physicians and Surgeons, authorizing the respective boards of said institutions to execute the proper

conveyance to carry out the conditions of said proposition.  
 "Resolved, That the first two years of the work of the Medical College of the University of Arkansas be done at Fayetteville and the last two years of said work be done at Little Rock, after the close of the session of 1913, and this committee pledges the board to this course.  
 "The following motions were duly made, seconded and unanimously carried:

"That the members of the faculty of the Medical College of the Arkansas University shall be those designated in the report of the committees from the two schools, with the addition of Dr. J. P. Walt as a professor in the Department of Anatomy-Histology-Embryology, and Dr. Chas. Holt as professor of operative surgery, and that the remaining vacancies in the faculty to be filled by appointment by the dean and vice dean of the college.  
 "That the dean and vice dean of the medical college be elected by the faculty.

"That after the transfer is effected the trust fund shall be turned over to the treasurer of the University of Arkansas, who shall carry out the provisions of the trust.

"That George B. Cook and C. C. Reid be designated a subcommittee with full power and authority to do all things necessary on behalf of the committee and the Board of Trustees to complete the transfer of the Medical Department of the Arkansas University and to carry out the motions and resolutions of this committee.

(Signed) \_\_\_\_\_ Chairman,  
 \_\_\_\_\_ Secretary.

#### Members of the Faculty, Medical College, University of Arkansas.

Surgery—A. Watkins, Snodgrass, C. E. Bentley, Runyan, Chas. Holt, professors.

Gynecology—M. D. Ogden, R. L. Saxon, O. Gray, C. R. Shinault, professors.

Obstetrics—J. C. Cunningham, E. N. Davis, professors.

Proctology—Falisi, professor.

G. U.—J. H. Lenow, F. Young, J. P. Sheppard, professors.

Pathology, Bacteriology and Hygiene—F. Baehr, R. C. Thompson, R. C. Kory, Dooley, professors.

Eye, Ear and Nose—F. Vinsonhaler, professor; Robert Caldwell, nose and throat, professor; J. Watkins, ear, professor.

Pediatrics—D. H. Hardeman, Morgan Smith.

Anatomy, Histology and Embryology—J. S. Dibrell, Sweetland, Maxwell, Kirby (demonstrator), D. C. Walt, T. E. Hodges (osteology).

Physiology—Pemberton, professor. To be supplied.

Materia Medica and Therapeutics—Witt, materia medica, professor; J. O. Hodges, pharmacology, associate; Vaughan, therapeutics.

X-Ray—Zell, professor; Reagan, assistant.

Stomatology—Whitmore, professor.

Medical Jurisprudence—Dunaway, professor.

Practice and Medicine—Dibrell, Harris, Judd, Lindsey, Niehuss, Carmichael.

Skin and Syphilology—Bathurst, professor.

Mental Diseases—Bledsoe, professor. To be supplied.

Chemistry—Stover, professor. To be supplied.

From the time of the adoption of these minutes and the election of the dean and vice dean by the faculty, there has not been a single meeting of the faculty of the school, until March 16, 1912, when the faculty was invited to a social function given by the dean at the Hotel Marion; and the subcommittee, so far as we can learn, has not officially had any supervision of the school.

In our endeavor to ascertain the state of affairs at the school the subjoined correspondence has taken place:

"Little Rock, Ark., May 4, 1912.

"To the President of the Faculty, University of Arkansas, Fayetteville, Ark.:

"Sir—I have the honor to be the chairman of the Board of Visitors appointed by the Arkansas Medical Society to visit the Medical Department of the University.

"As chairman of the board, I respectfully seek from you information concerning the following questions:

"1. Is there any school of pharmacy created by the trustees?

"2. Item No. 70 of Act 436, to provide for the support, maintenance and necessary building of the University of Arkansas, reads as follows:

"'70. For maintenance of Department of Pharmacy, \$2,500.00.'

"Please inform us whether this appropriation is for the 'School of Pharmacy' at Little Rock, or for some other department of the university.

"A prompt reply will be greatly appreciated.

"Yours truly,

(Signed) \_\_\_\_\_ L. P. GIBSON, M. D., Chairman.  
 "17-19 Urquhart Building."

In response to this letter the following reply was received:

"May 6, 1912.

"Dr. L. P. Gibson, 17-19 Urquhart Building, Little Rock, Ark.:

"Dear Sir—Replying to your letter of May 4, I beg to advise that there is a school of pharmacy at the Medical Department of the University of Arkansas at Little Rock, and also a similar school at the parent institution at Fayetteville. I also beg to advise that the

maintenance item for the Department of Pharmacy was stricken out of the appropriation bill and is not available.

"When I can serve you again, command me, and believe me,

"Yours very truly,  
 "JOHN N. TILLMAN."

"May 4, 1912.

"Hon. J. E. Walker, Treasurer Board of Trustees, Fayetteville, Ark.:

"Dear Sir—I have the honor to be chairman of the Board of Visitors of the Arkansas Medical Society, appointed by request of the faculty of the Medical Department of the University of Arkansas, and our duties require us to report on the conduct and the condition of the Medical Department. You will please observe that Section 3 of Act No. 360, approved May 30, 1911, reads as follows:

"'Said Board of Trustees shall fix a scale of matriculation and tuition fees, in reasonable sums, and shall prescribe terms and conditions for the payment thereof, and students attending said department shall pay the said fees, except the said board may provide honorary free scholarship in furtherance of the best interest of said department. Said fees shall be collected under the direction of the said Board of Trustees, which shall prescribe the method of collecting the same, and when collected they shall be paid over to the treasurer of the University of Arkansas and kept as a fund for the said Medical Department, and shall be paid out by the orders of the said Board of Trustees only for the use and benefit of the said Medical Department of the University of Arkansas.'

"We would like to be informed whether you have received any funds in accordance with said act, and if you have received any, by what authority or agreement said fund or any part thereof have been disbursed.

"Section 4 of above act reads as follows.

"'The expenses and cost of maintenance and operation of said Medical Department of the University of Arkansas shall be borne by the State of Arkansas, and the State General Assembly shall provide for same by appropriations made in like manner as appropriations are made for the maintenance and operation of the University of Arkansas.'

"In the absence of any appropriation by the General Assembly, will you kindly inform us how the expenses of the Medical Department have been paid up to the present time?

"As the time is very short in which to prepare our reports, we would greatly appreciate an early response.

"Yours very truly,  
 \_\_\_\_\_"

"Fayetteville, Ark., May 7, 1912.

"Dr. L. P. Gibson, Little Rock, Ark.:

"Dear Sir—I am in receipt of your letter of the 4th inst., asking for information relative to funds belonging to the Medical Department of the University of Arkansas.

"I am not in position to give you much information, as I have never received any funds belonging to this department, and therefore have disbursed none. The secretary of the Board of Trustees has furnished me with a copy of the minutes of a meeting of the committee appointed by the Board of Trustees to arrange for the transfer of the Medical Department. This meeting was held in Little Rock, July 5, 1911, and I herewith enclose you the copy (page 33 of this report). Hon. Geo. B. Cook was secretary of the meeting and I'm sure will be pleased to give you such information as he may have with reference to it.

"From the resolution adopted at this meeting, it appears that nothing will be done until after 1913.

"Very truly yours,  
 \_\_\_\_\_"

"JACK WALKER,  
 "Treasurer of the University."

"May 4, 1912.

"Hon. Edgar Brewster, Pine Bluff, Ark.:

"Dear Sir—I have the honor to be chairman of the Board of Visitors appointed by the Arkansas Medical Society at the request of the Medical Department of the Arkansas University. In the performance of our duty we desire to have information concerning the affairs of the school. We are informed that you are the chairman of the committee of trustees having charge of the Medical Department, and as chairman we ask you to inform us what authority or supervision your committee has exercised over the Medical Department since its acceptance by the State by the passage of Act No. 360, approved May 30, 1911. You will observe that Section 3 of said act provides:

"'Said Board of Trustees shall fix a scale of matriculation and tuition fees, in reasonable sums, and shall prescribe terms and conditions for the payment thereof, and students attending said department may provide honorary free scholarship in furtherance of the best interest of said department. Said fees shall be collected under the direction of the said Board of Trustees, which shall prescribe the method of collecting the same, and when collected they shall be paid over to the treasurer of the University of Arkansas and kept as a fund for the said Medical Department, and shall be paid out by the orders of the said Board of Trustees only for the use and benefit

of the said Medical Department of the University of Arkansas.

"Section 4 provides:

"The expenses and cost of maintenance and operation of said Medical Department of the University of Arkansas shall be borne by the State of Arkansas, and the State General Assembly shall provide for same by appropriations made in like manner as appropriations are made for the maintenance and operation of the University of Arkansas.

"Will you kindly state whether the fees were fixed by the trustees or the faculty, and whether said fees were collected under direction of said Board of Trustees, and, if so collected, have been paid to the Board of Trustees or to the treasurer of the university, and paid out by the order of said Board of Trustees.

"Referring to Section No. 4 of said act, will you kindly state how, in the absence of any appropriation for the Medical Department, the institution has been conducted up to the present time and what salary or salaries have been paid and to whom paid? Please also inform us by what authority the Department of Pharmacy was created and whether any conveyance to the said Board of Trustees has been made or recorded, as required in Section 5 of Act 360.

"As the time for the preparation for our reports to the State society is very short, an early reply will be greatly appreciated.

"Yours very truly,

(Signed) "L. P. GIBSON, M. D., Chairman,  
"17-19 Urquhart Building."

"Pine Bluff, Ark., May 16, 1912.

"Dr. L. P. Gibson, Little Rock, Ark.:

"Dear Sir—In reply to your letter of the 4th inst., in re University of Arkansas, Medical Department, will state that Mr. Geo. B. Cook, superintendent of public instruction, can furnish you with the information desired, he having acted as secretary for the committee and kept the minutes of all our proceedings.

"Yours truly, "EDGAR BREWSTER."

"Little Rock, Ark., May 7, 1912.

"17-19 Urquhart Building.

"Prof. Geo. B. Cook, Hot Springs, Ark.:

"Dear Sir—I transmit enclosed herewith copy of letter addressed to Hon. Edgar Brewster, chairman of committee of trustees to supervise Medical Department of Arkansas University. You will see that Mr. Brewster referred the matter to you. Will you kindly furnish me at once a reply to the letter addressed to Mr. Brewster, or tell me where I could obtain the information desired?

"As the Board of Visitors meets tomorrow (Wednesday night), a reply by first mail will be duly appreciated.

"Yours very truly, \_\_\_\_\_"

Since the meeting of this Board of Visitors, Prof. Geo. B. Cook, chairman of the subcommittee, has been at Hot Springs on account of ill health, and no reply has been received from him.

At the meeting of the faculty on March 16, 1912, before noted, the following was submitted:

"To the Faculty of the University of Arkansas, Medical Department:

"We, the undersigned committee chosen by the class of 1912, University of Arkansas, Medical Department, do hereby present for your earnest consideration and action the following grievances, which statements were sanctioned by a unanimous vote of said class.

"First. There seems to be a disposition on the part of the executive head of this department to ignore and show disregard for the wishes and welfare of the class in those matters wherein we think we should rightfully have a voice, and to treat with contumely the requests of the class, as shown by the following incidents:

"During January last, on account of the large number of vacant hours during which we had to sit idly in the lecture halls, we asked that Dr. Holt be allowed to give his course in operative surgery during the day instead of at night, thus giving us some time for the preparation of our studies. In this matter we were not even shown respect, and our request was summarily rejected.

"Furthermore, we have repeatedly requested that vacant hours be filled by some professor who was to come later during the day, so that we might get home at an earlier hour and not be forced to wait patiently in a poorly lighted and illy-heated lecture hall. For instance, during the past two weeks we have failed to get eighteen hours of clinics out of a total scheduled amount of forty-six hours. Could we be expected to attain a proper degree of learning to enable us to pass rigid examinations when the attendance of our professors has been so lax and when we must waste valuable time trying to absorb medical knowledge from cold walls and hardwood seats? Next let us consider our lecture hours. During the past two weeks we have been neglected for eighteen hours, when our cards show that we should receive forty-six. Would this attendance on the part of our instructors and professors be looked upon with favor by a Carnegie committee or a member of the A. M. A. Examining Board? To summarize, we have lost thirty-six hours out of a possible ninety-two, or, in other words, we have failed

to get forty per cent of the instruction which has been paid for. Does it not seem as though the tuition and examinations have been well remembered, while at the same time the students and instructors have been sadly neglected? It might not be amiss to state here that out of fifty-six hours which we have actually received during the past two weeks, fourteen of these hours are in branches previously passed and so shown by our cards. To again recapitulate, we have received twenty-one hours a week of actual instruction which rightfully belongs to the curriculum of the Senior Class, when our catalogue states that we get thirty-nine hours per week.

"Second. It has come to our knowledge that the present administration is going to leave off the names of our professors on the diplomas this year and substitute therefor the officers of the University of Arkansas and of this department. As to this matter, we earnestly beg and pray that all the professors be allowed to sign our diplomas, so that we will have a sign of approval of the entire faculty instead of a certificate issued by the officers of the institution. In connection with this matter we humbly call your attention to the manner of arranging diplomas now in vogue in the leading colleges of the country.

"Furthermore, we ask that the placing of our names on the diplomas shall be done by one skilled in such work and not be placed in the hands of one unused to such a craft.

"Third. It is a fact, as shown by the various catalogues, that we are charged the fees charged by the leading and foremost colleges of the country. Should we not be allowed to expect the service and instruction given at these colleges?

"Again, we are charged \$25.00 as a graduating fee. It is the opinion of this class, and we think this opinion is borne out by the practice of other schools, that this amount should cover the cost of diploma, certificate in operative surgery, invitations and caps and gowns. Here we desire to voice a strenuous objection to being charged extra for any of the above named articles.

"Fourth. We appeal to the reason of our faculty in regard to the operating room now in use at the school. On numerous occasions we have had members of our faculty to refuse to operate on account of the fact that such articles as rubber gloves, ligatures, drainage tubes and other operative equipment was lacking. In the name of humanity and for the good of the students, we ask how a conscientious surgeon could be expected in this day of asepsis to endanger the lives of his patients and at the same time teach the students faulty technique? There is not one of you who does not realize the importance of thorough asepsis in surgery, and especially in surgery which is done under conditions that are at best favorable.

"Fifth. We desire to concur in and embody in our complaint the petition of the Junior Class, which is as follows:

"We, the undersigned students of the Junior Class of the Medical Department of the University of Arkansas, do hereby appeal to you as the Board of Directors of this institution, to look into the affairs as they do now exist.

"With the exception of a few of our lectures they have not been what would be expected from a State institution, or from any institution that was trying to live up to the requirements of the American Medical Association. We have repeatedly sent committees to the head of this institution asking that something be done, but they have not only ignored them, but have requested that no more committees be sent.

"From the 10th day of January to the 12th day of March there has been a total of sixty-two lectures missed. Whether they have been missed intentionally we do not know, but as we have paid our tuition for these lectures we feel that we are due them. A fee of \$125.00 was required for the session of 1911-12, which, if we have not been misinformed, is in excess of fees required by other Southern institutions. Now, we feel that we should not go down into the depths of our pockets and pay our hard-earned cash (and probably borrowed money) for something we have not received.

"We have taken many of our lectures this winter with our overcoats on, due to the poorly heated condition of our lecture hall, and have endured the unsanitary condition of our toilet, which is unfit to be had in any civilized community, without a murmur. Who is at fault we cannot say, but we feel for the good of this institution something should be done.

"With no ill feeling toward anyone, we humbly ask you to consider this petition, not only for the good of our class, but the classes to follow."

"Sixth. Finally, we wish it known that we realize that it is now too late for this protest to be of much value to the present Senior Class, and that this is written for the good of the classes to follow and for the good of this department, the University of Arkansas, the profession and the State.

"We also desire to tender our appreciation to those of you who have given us your time and labor, and also to express our thanks to the members of the faculty who have taken interest in us as medical students and future doctors when they themselves have received no pecuniary reward.

"Dated at Little Rock, Ark., this 16th day of March, 1912.

Signed by—

"HERWALD CUTTING, Pres't of Senior Class,

"I. W. BOLLINGER,

"S. W. COLQUITT,

"W. P. JENKINS, Secretary,

"JOHN F. ENGLAND,

"HOMER A. HIGGINS,

"STANLEY M. GATES,

"Senior Class Committee."

We understand no formal reply to the communication of the students was made by the faculty at the meeting March 16, above referred to, but we are advised that the dean made verbal reply, promising to comply with the request to have the names of the faculty placed on diplomas.

Supplementing this grievance, your Board of Visitors has had compiled the following:

Comparison of the schedule of instruction with the record book for the months of November and December, 1911, compiled by direction of the Board of Visitors.

An examination of the record book which does not seem to be an accurate statement for the reason that only the name of the professor filling the hour is recorded, not by himself, always, but by someone else, and no record is made as to whether the hour was filled by at lecture or a clinic. We find that in several places during the two months the man's name and in brackets (did not come).

The hours on G. U. (Mondays), rectal disease and children clinic were not filled at all during the two months.

In medicine the clinic on Friday was not filled during November, though it was filled in February. The professors had agreed to divide the year with Christmas holidays as the division point and the first half was not filled. Otherwise the clinics in medicine were filled. The hours in surgery were filled, too, though not up to the schedule. The Saturday hour was filled in G. U., though the book does not show that it was signed by the man filling the hour, as is evidently the case in most others as already mentioned.

Gynecology falls far short. In November six clinics out of twelve scheduled (three per week for four weeks) in each of the months. In this, as in surgery, nothing in the books to indicate whether the hour was an actual clinic or lecture, though the name of one man appears twice in November and four times in February for hours which are known to have been lectures.

Medical jurisprudence is credited with one hour in February, when there should be one per week. Neurology, one in November, two in February, or three out of eight.

Stomatology, four times in February, when it is called for one per week throughout session.

Electro-therapeutics shows only one miss in the two months.

Eye, ear, nose and throat was filled by three men, eighteen times out of twenty-four, or sixteen misses.

On skin diseases, seven times out of eight, or one miss only.

Out of eighteen clinics scheduled per week for the juniors, in only five were there instructions, and in one (G. U. Mondays), there was no clinic.

Your committee did not attend the examinations, because they were mostly concluded before a conference of this board could be had; but we have been permitted to look over a sufficient number of examination papers of graduates to convince us that some of the candidates should never have been admitted to a medical school, so lacking are they in the very rudiments of an ordinary English education; indeed, some of them were scarcely eligible to entrance in a high school.

One student was graduated after only three medical courses and one course in pharmacy, which is a clear violation, not only of the standards of the American Medical College Association, but of the State law which provides that the school shall maintain the standard established by that association.

The Arkansas Medical Society annually gives a gold medal to the student passing the best examination in all the branches. This medal was awarded this year to the student standing highest on the final examination without consideration of the standing in other branches previously passed.

At the commencement a few days ago diplomas were given to fifty-three students. The catalogues of the two schools show that for the year 1910-11 the matriculates of the Arkansas University, Medical Department, to be 108, and the College of Physicians and Surgeons as 130; total, 238. For both schools this year the matriculates are 153.

About the time of the consummation of the merger of the two schools and their transfer to the State, the dean wrote to Dr. Abram Flexner of the Rockefeller Foundation, telling him of the union, or proposed union, and the prospects of the school. To this letter Dr. Flexner made reply, strongly advising against the proposed step. We would be glad if the dean will lay the correspondence before the society at this meeting, or, if it is inconvenient to present it at the present time, to have it printed in the Journal of the Arkansas Medical Society as a part of this report.

We are further reliably informed by members of the faculty that candidates for the degree of doctor of medi-

cine were not all passed solely on merit, but that appeals were successfully made to pass at least one whose marks fell below the required standard.

In our opinion the condition of affairs in this school will most likely come up for investigation at the next session of the General Assembly, and we believe it is better to have the delinquencies of the school acknowledged and remedied by its friends, the members of this society, than to be brought on for scrutiny at the hands of a legislative committee, possibly hostile.

Let us face the question squarely, fairly and manfully, without personal, professional or local bias, and do our duty as we may be able after diligent inquiry to ascertain what our duty shall be.

#### Recommendations.

There should be frequent and stated meetings and conferences of the members of the faculty, and at longer intervals the committee of the trustees should meet with the faculty, so as to effect a closer union of the trustees and faculty, thereby enabling them by interchange of views to outline and carry out the most beneficial policy for the welfare of the school.

As the members of the medical faculty, except the dean, have been receiving no compensation for their services, they, at least, should have had the privilege of participating in the plans and policies of the school.

We recommend this course in future whether or not they receive salaries.

Out of the entire teaching faculty there should be selected an executive faculty composed of the heads of the different departments, who shall elect the necessary officers and who, after consultation with their respective department associates, should represent them in the stated conferences.

Each of the teaching departments should have one head, and one only; and the others in each of these departments should be ranked according to their seniority in years of teaching and teaching efficiency. This plan should give a worthy motive to excel in teaching and must necessarily redound to the credit of the school, provided it is rigidly and impartially carried out.

As the Medical Department is now in reality, as well as in name, a department of the State University, its affairs should be conducted with such publicity that at all times a knowledge of them can be readily obtained by any person, or representative of any organization interested in medical education in our State.

The relations between the Medical Department of our university, the State Medical Society (so largely composed of alumni of the school) and the State Board of Medical Examiners recommended by our State society, are necessarily so intimate and related to the medical profession of our State through the State society that the latter should have the right at all times to inquire into any and all alleged irregularities in the efficiency or management thereof, and make such recommendations as in their judgment will be conducive to the welfare of the medical school.

We believe it is not only undesirable, but impossible, for the school to be continued without liberal appropriations from the State, and if for lack of such appropriations it should have to discontinue, we think this society should not only withhold its support from it, but denounce any effort to establish any other proprietary school in this State.

Many of our State's undeserved criticisms we must endure, but we can and should prevent the odium of a second-class medical college within our borders.

In your consideration of this report we reverently commend for your meditation these words of St. Paul:

"Now, I beseech you, brethren, mark them which cause divisions and offenses contrary to the doctrine which ye have learned; and avoid them.

"For they that are such serve not the Lord Jesus Christ, but their own belly, and by good words and fair speeches deceive the hearts of the simple.

"For your obedience is come abroad unto all men. I am glad, therefore, on your behalf, but yet I would have you wise unto that which is good and simple concerning evil."

"And the God of peace shall bruise Satan under your feet shortly."—Romans, xvi:17-20.

L. P. GIBSON, Chairman,  
W. T. McCURRY,  
Board of Visitors.

Dr. J. W. Scales of Pine Bluff, the other member of the Board of Visitors, who attended all the meetings in Little Rock and assisted in the preparation of this report, was expected to be in Hot Springs today for a final conference, but did not arrive before this report was called for.

Additional matters submitted by Dr. Scales since our last meeting has been omitted by vote of the other two members.

CHAIRMAN.

President: Anticipating the interesting report of the Board of Visitors, I provided for the appointment and did appoint a committee, the members of which, I am sure, will give the most earnest and serious consideration to this report.

This is a matter that belongs to the Arkansas Medical Society, and I am sure that the committee will digest the report as much as possible and give us a report that will be worth something to the Arkansas Medical Society for our guidance—that is, as far as our relation is concerned with the medical college in this State and the influence which we should exert toward the building up of a first-class school. As to legislative matters or what not, we want you to advise us.

To refresh your minds, I will state that Dr. Ogden is the chairman of that committee, the other members of which are Dr. Proctor and Dr. L. T. Evans. I am going to call the committees again so that you may not overlook the fact that you are a member. (The committees are again announced.)

I would like to have a report from Dr. Steer as chairman of the Committee on Arrangements.

Dr. Steer: As chairman of the Committee on Arrangements, I have been extremely busy. The committee wishes to report that we have arranged to have everything in readiness for your meeting here. We have exhibitions in the small room off the lobby of the various salesmen that usually attend these meetings. We have arranged for the entertainment of the ladies, as you will find in the program submitted to the local Committee on Arrangements by the general society. The only change in that program is that in this public meeting where Dr. Evans and Mr. Schachleiter of the Pharmaceutical Society will speak, will be at the Auditorium Theater instead of, as announced in the program, at the Eastman Hotel. It will be Tuesday evening, the same time it was originally appointed in the program. The only change will be the place of meeting. We have attended, in the line of suggestion of Dr. Smith, president of the State Society, to advertising this matter as fully as we can locally, and we shall attempt to have all the local people present and have a typical lay meeting. The gentlemen who will be expected to represent the Medical Society will be notified to be on the stage between now and tomorrow evening.

Aside from that, the chairman of the local Committee on Arrangements has nothing more to say. We trust the arrangements will be satisfactory to you. The meeting place for the general session will be in the next room for tomorrow morning, and this room will be arranged for the House of Delegates or any committee that the society wishes to use it for.

President: The Council will hold its first annual meeting immediately after the adjournment of the House of Delegates in this room. Is there any other business to be brought up before we adjourn for the evening session? I want to state that there will be reports of the secretary and treasurer and the reading of communications and miscellaneous business and the organization of the Nominating Committee at the evening session.

Dr. Steer: I move we adjourn until 8 o'clock in this room.

Seconded. Carried.

## HOUSE OF DELEGATES.

### First Day—8:30 O'clock P. M.

The House of Delegates met pursuant to adjournment, with President Smith in the chair, there being a quorum present.

The first order of business was the report of the secretary.

Secretary: The report will be very much disconnected, because I have received reports from county societies up to fifteen minutes ago, and the majority of them in the last eight or ten days.

## SECRETARY'S REPORT.

To the Members of the House of Delegates of the Arkansas Medical Society:

In compliance with Chapter 6, Section 4, of the constitution of this society, I beg to submit the following report for your consideration:

This society is now composed of sixty-three component societies, four more than when the secretary made his annual report last year. The following counties have not paid their annual dues and, according to Chapter 9, Section 14, of the by-laws, are suspended—Howard, Montgomery and Perry.

The following counties are yet unorganized: Fulton, Izard, Pike, Scott, Stone, Madison, Marion, Newton and Van Buren. Total, 9. Four county societies have been organized within the past year—Crittenden, with a membership of twelve; Cross, with a membership of eight; Poinsett, with a membership of six, and Cleburne, with a membership of six. Total, thirty-two. If the nine counties which are now unorganized could be brought into the State association it would mean an increase in membership of at least seventy-five members. The councilors of the districts in which these counties are located should strive very hard in the next year to organize a county society in each of them.

## Membership.

Total membership to date, 932.

The total membership as per the report of your secretary at the last annual meeting was 856, a gain since last report of seventy-six. The First Councilor District should be credited with the organization of two county societies, Crittenden and Poinsett, making every county in the district a member of the State association. In the Third Councilor District Cross County has been organized, making every county in this district a member of the State association. I wish to state that in order to have a fixed and uniform day for the annual election of officers in component societies that it will take something more than a resolution requesting it. The House of Delegates has passed resolutions suggesting that the first meeting in December be made the annual election of officers, but it has not been observed by all the counties. The constitution should also be amended making it compulsory upon the county secretaries to file their annual reports not later than April 1. The majority of the counties have sent in their annual reports within the past twenty days, which makes it quite a hardship upon the secretary. I have been unable to make up my annual report until the very last minute from this cause.

## Councilors.

A few councilors have done good work within the past year; some have done nothing. If the State association expects to succeed and grow it will take the co-operation of each and every councilor, and the House of Delegates should be careful in the selection of the councilors, more so than any other officers of the society.

## Financial Statement.

Money received from all sources by the secretary:

1911.		Receipt No.	
May 2.	To dues, Sharp County.....	905	\$ 4.00
May 2.	To dues, Hot Spring-Garland County.....	906	104.00
May 2.	To dues Grant County.....	907	10.00
May 3.	To Editor Meriwether.....	908	15.00
May 3.	To dues Clark County.....	909	4.00
May 3.	To dues Randolph County.....	910	28.00
May 3.	To dues Craighead County.....	911	22.00
May 3.	To dues Lonoke County.....	912	2.00
May 3.	To dues, Chicot County.....	913	10.00
May 3.	To dues, Columbia County.....	914	22.00
May 3.	To dues, Green County.....	915	2.00
May 3.	To dues St. Francis County.....	916	2.00
May 27.	To dues, Hempstead County.....	917	4.00
May 27.	To dues, Lawrence County.....	918	4.00
May 27.	To dues, Pulaski County.....	919	2.00
May 27.	To dues, Howard County.....	920	2.00
May 27.	To subscription to Journal.....	921	2.00
May 27.	To ad in Journal.....	922	99.91
May 27.	To dues, Crawford County.....	923	2.00
June 6.	To dues, Carroll County.....	924	2.00
June 8.	To dues, Mississippi County.....	925	6.00
June 10.	To dues, Independence County.....	926	4.00
June 15.	To dues, Sevier County.....	927	4.00
June 17.	To dues, Mississippi County.....	928	2.00
June 22.	To dues, Pulaski County.....	929	4.00
June 28.	To dues, Pulaski County.....	930	4.00
July 13.	To dues, Independence County.....	931	6.00
July 13.	To dues, Mississippi County.....	932	4.00
July 25.	To dues, Desha County.....	933	2.00
Aug. 15.	To dues, Franklin County.....	934	6.00
Aug. 18.	To dues, Clay County.....	935	6.00
Aug. 24.	To dues, Franklin County.....	936	2.00
Aug. 25.	To dues, Independence County.....	937	2.00
Aug. 30.	To dues, Monroe County.....	938	2.00
	Canceled.....	939	
Sept. 7.	To dues, Boone County.....	940	2.00
	Canceled.....	941	
Sept. 13.	To dues, Randolph County.....	942	2.00
Sept. 18.	To dues, Ouachita County.....	943	2.00
Oct. 21.	To dues, Washington County.....	944	2.00

Oct. 30.	To dues, Saline County.....	945	2.00
Nov. 1.	To dues and charter, Crittenden County.....	946	17.00
Nov. 8.	To dues, Independence County.....	947	4.00
Nov. 10.	To dues, Johnson County.....	948	4.00
Nov. 13.	To dues, Lawrence County.....	949	2.00
Nov. 18.	To dues, Crittenden County.....	950	7.50
Dec. 14.	To dues, Franklin County.....	951	2.00
Dec. 20.	To Dr. Niehuss, editor of Journal.....	952	295.12
	Canceled.....	953	
1912.			
Jan. 24.	To dues, Green County.....	954	35.00
Jan. 31.	To dues, Washington County.....	955	32.00
Feb. 12.	To dues, Boone County.....	956	40.00
Mch. 6.	To dues, Nevada County.....	957	25.00
Mch. 9.	To dues, Green County.....	958	2.50
Mch. 20.	To dues, Ashley County.....	959	30.00
Mch. 30.	To dues, Miller County.....	960	37.50
Mch. 30.	To dues, Arkansas County.....	961	31.00
Mch. 30.	To dues, Saline County.....	962	27.50
April 1.	To dues, Conway County.....	963	30.00
April 1.	To dues, Lawrence County.....	964	65.00
April 2.	To dues, Woodruff County.....	965	27.50
April 3.	To dues, Lincoln County.....	966	17.50
April 3.	To dues, Arkansas County.....	967	4.00
April 4.	To dues, Lawrence County.....	968	5.00
April 4.	To dues, Searcy County.....	969	20.00
April 4.	To dues, Jefferson County.....	970	75.00
April 5.	To dues, Little River County.....	971	18.00
April 5.	To dues, Hempstead County.....	972	35.00
April 5.	To dues, Jackson County.....	973	42.50
April 6.	To dues, Conway County.....	974	2.50
April 9.	To dues, Chicot County.....	975	10.00
April 9.	To dues, White County.....	976	35.00
April 9.	To dues, Benton County.....	977	55.00
April 10.	To dues, Little River County.....	978	2.00
April 10.	To dues, Ouachita County.....	979	42.50
April 13.	To dues, Benton County.....	980	2.50
April 16.	To dues, Johnson County.....	981	37.50
April 17.	To dues, Benton County.....	982	2.50
April 18.	To dues, Benton County.....	983	2.50
April 18.	To dues, Hot Spring County.....	984	15.00
April 19.	To dues, Green County.....	985	2.50
April 19.	To dues, Conway County.....	986	2.50
April 20.	To dues, Calhoun County.....	987	12.50
April 20.	To dues, Benton County.....	988	2.50
April 22.	To dues, Polk County.....	989	16.00
April 24.	To dues, Carroll County.....	990	26.00
April 25.	To dues, Pulaski County.....	991	180.00
April 25.	To dues, Carroll County.....	992	2.00
April 26.	To dues, Independence County.....	993	30.00
April 27.	To dues, Lafayette County.....	994	12.50
April 27.	To dues, Little River County.....	995	2.50
April 30.	To dues, Dallas County.....	996	15.00
April 30.	To dues, Union County.....	997	47.50
April 30.	To dues, Lee County.....	998	32.50
May 1.	To dues, Prairie County.....	999	16.00
May 1.	To dues, Baxter County.....	1000	10.00
May 1.	To dues, Franklin County.....	1001	25.00
May 1.	To dues, Sebastian County.....	1002	102.50
May 1.	To dues, Washington County.....	1003	46.00
May 1.	To dues, Pope County.....	1004	30.00
May 1.	To dues, Clay County.....	1005	35.00
May 2.	To dues, Woodruff County.....	1006	5.00
May 3.	To dues, Monroe County.....	1007	25.00
May 3.	To dues, Carroll County.....	1008	6.00
May 3.	To dues, Union County.....	1009	2.50
May 3.	To dues, Columbia County.....	1010	27.50
May 3.	To dues, Prairie County.....	1011	4.00
May 4.	To dues, Sevier County.....	1012	26.00
May 4.	To dues, Logan County.....	1013	22.50
May 4.	To dues, Mississippi County.....	1014	55.00
May 4.	To dues, Pulaski County.....	1015	12.50
May 6.	To dues, Phillips County.....	1016	42.50
May 6.	To dues, Benton County.....	1017	7.50
May 6.	To dues, Cleveland County.....	1018	22.50
May 6.	To dues, Saline County.....	1019	2.50
May 7.	To dues, Drew County.....	1020	30.00
May 8.	To dues, Bradley County.....	1021	20.00
May 8.	To dues, Pope County.....	1022	2.50
May 8.	To dues, Union County.....	1023	17.50
May 8.	To dues, Randolph County.....	1024	30.00
May 8.	To dues, Yell County.....	1025	38.00
May 9.	To dues, Carroll County.....	1026	7.50
May 9.	To dues, Clay County.....	1027	7.50
May 9.	To dues, Yell County.....	1028	9.00
May 10.	To dues, Columbia County.....	1029	2.50
May 10.	To dues, Desha County.....	1030	12.50
May 10.	To dues, Cross County.....	1031	20.00
May 10.	To dues, Crawford County.....	1032	18.00
May 10.	To editor, Journal.....	1033	528.33
May 10.	To dues, Sharp County.....	1034	5.00
May 10.	To dues, St. Francis County.....	1035	20.00
May 11.	To dues, Lonoke County.....	1036	35.00
May 11.	To dues, Logan County.....	1037	7.50

May 11.	To dues, Randolph County.....	1038	7.50
May 11.	To dues, Faulkner County.....	1039	37.50
Total received from all sources.....			\$3,298.36
Cash paid treasurer.....		\$ 300.00	
Warrants cashed by secretary to treasurer.....		990.44	
		\$1,290.44	
Cash in hands of secretary.....		2,007.92	
		\$3,298.36	\$3,298.36

I received from the secretaries of component societies for annual dues \$2,134; from Dr. H. H. Niehuss, editor of Journal, \$823.45; from Dr. Morgan Smith, retiring secretary, \$340.91. Total receipts \$3,298.36.

Hereto attached is a list of warrants issued on the treasurer, and are as follows:

Treasurer's Account.		Dr.	Cr.
May 2.	To balance in hands of treasurer, as per his report.....	\$1,995.49	
May 8.	By Voucher No. 260, Morgan Smith.....		400.00
May 8.	By Voucher No. 261, C. P. Meriwether.....		400.00
May 8.	By Voucher No. 262, Morgan Smith.....		23.50
May 8.	By Voucher No. 263, Morgan Smith.....		25.00
May 8.	By Voucher No. 264, Morgan Smith.....		50.00
May 12.	By Voucher No. 265, F. S. Overton.....		40.80
May 13.	By Voucher No. 266, Noel Loeb.....		64.30
May 13.	By Voucher No. 267, Central Printing Co.....		31.10
May 13.	By Voucher No. 268, Central Printing Co.....		86.85
June 1.	By Voucher No. 269, Noel Loeb.....		43.50
June 10.	By Voucher No. 270, Spott & Jefferson.....		25.00
June 10.	By Voucher No. 271, Dr. A. J. Vance.....		164.87
June 22.	By Voucher No. 272, Central Printing Co.....		100.41
June 23.	By Voucher No. 273, H. H. Niehuss, editor.....		10.00
July 6.	By Voucher No. 274, Central Printing Co.....		4.25
July 10.	By Voucher No. 275, Smith Typewriter Co.....		40.00
Aug. 1.	By Voucher No. 276, Central Printing Co.....		166.10
Sept. 1.	By Voucher No. 277, treasurer's bond.....		5.00
Sept. 8.	By Voucher No. 278, Central Printing Co.....		175.46
Oct. 3.	By Voucher No. 279, Parkin-Longley.....		3.00
Oct. 3.	By Voucher No. 280, secretary's bond.....		2.50
Oct. 6.	By Voucher No. 281, Dr. A. J. Vance.....		100.00
Oct. 7.	To check Southern Trust Co.....		300.00
Oct. 21.	By Voucher No. 282, Central Printing Co.....		113.26
Oct. 24.	By Voucher No. 283, Central Printing Co.....		79.40
Dec. 13.	By Voucher No. 284, Central Printing Co.....		93.46
Dec. 13.	By Voucher No. 285, Central Printing Co.....		88.40
1912.			
Jan. 5.	By Voucher No. 286, Central Printing Co.....		132.40
Feb. 27.	By Voucher No. 287, Central Printing Co.....		35.00
Feb. 27.	By Voucher No. 288, Central Printing Co.....		79.45
Mch. 5.	By Voucher No. 289, Miss Mary Fein.....		8.00
April 4.	By Voucher No. 290, Central Printing Co.....		90.65
April 20.	By Voucher No. 291, C. P. Meriwether.....		90.65
May 6.	By Voucher No. 292, F. S. Overton.....		57.65
May 7.	By Voucher No. 293, Central Printing Co.....		209.78
May 7.	By Voucher No. 294, C. P. Meriwether.....		10.00
May 10.	By Voucher No. 295, H. H. Niehuss, editor.....		74.20
May 11.	By Voucher No. 296, Central Printing Co.....		66.45
May 13.	By Vouchers 284-296, inclusive.....		990.44
	Balance in hands of treasurer.....		141.19
			\$3,285.93
	Cash in treasurer's hands.....		\$ 141.19
	Cash in secretary's hands.....		2,007.92
			\$2,149.11

Assets of the society in possession of the secretary are as follows: One L. C. Smith typewriter, one typewriter desk, one section book case, six letter files, one filing cabinet.

On account of the breakage of typewriter, due to a defective desk, I exchanged the broken one for a new one and paid the difference of \$40.00. I have kept the books of the office in as good condition as my clerical ability permitted, and having fulfilled all the duties pertaining to the secretaryship as promptly as possible. The correspondence has been heavy. There has been few complaints made to me. To the officers and members of the county societies I wish to thank you for your co-operation and assistance rendered me during the past year.

Respectfully submitted,

SECRETARY.

President: The report of the secretary will be referred to the Committee on Council.

The next order was the report of the treasurer.

May 13, 1912.

Mr. President and Members of the House of Delegates of the Arkansas Medical Society:

As your treasurer I submit the following as my annual report:

Amounts received by me are as follows:

May 2, 1911. Cash on hand.....	\$1,995.49
Oct. 7. By check.....	300.00
May 13. By vouchers.....	990.44

\$3,285.93

Amounts paid out by me:

Voucher No. 260.....	\$ 400.00
Voucher No. 261.....	400.00
Voucher No. 262.....	23.50
Voucher No. 263.....	25.00
Voucher No. 264.....	50.00
Voucher No. 265.....	40.80
Voucher No. 266.....	64.30
Voucher No. 267.....	31.10
Voucher No. 268.....	86.85
Voucher No. 269.....	43.50
Voucher No. 270.....	25.00
Voucher No. 271.....	164.87
Voucher No. 272.....	100.41
Voucher No. 273.....	10.00
Voucher No. 274.....	4.25
Voucher No. 275.....	40.00
Voucher No. 276.....	166.10
Voucher No. 277.....	5.00
Voucher No. 278.....	175.46
Voucher No. 279.....	3.00
Voucher No. 280.....	2.50
Voucher No. 281.....	100.00
Voucher No. 282.....	113.26
Voucher No. 283.....	79.40
Voucher No. 284.....	93.46
Voucher No. 285.....	88.40
Voucher No. 286.....	132.40
Voucher No. 287.....	35.00
Voucher No. 288.....	79.45
Voucher No. 289.....	8.00
Voucher No. 290.....	90.65
Voucher No. 291.....	45.00
Voucher No. 293.....	57.65
Voucher No. 292.....	209.78
Voucher No. 294.....	10.00
Voucher No. 295.....	74.20
Voucher No. 296.....	66.45

\$3,144.74

Balance on hand.....\$ 141.19

President: The report of the treasurer will be referred to the Committee on Council.

The next order of business is the reading of communications.

Secretary: I have letters, one from the president of the Missouri Medical Society, sending Dr. Charles Reeder as fraternal delegate, and one from Texas, sending Dr. Smith as fraternal delegate.

President: Has any member of the House of Delegates any communication to offer? The next order is the reading of memorials and resolutions. Has any member any resolutions or memorials? The next order of business is the selection of the Nominating Committee. I will state for the benefit of those who are not familiar with the method of selecting the Nominating Committee that it is done by the delegates from each councilor district. The delegates from the list of counties composing the districts will be read by the secretary, and the delegates representing the counties from those districts will get together and select one of their number as a member of the Nominating Committee. Then you will elect a chairman and secretary of the Nominating Committee, after each district has selected its member, and the chairman will make a report to the House of Delegates, and a motion

will be in order now to take an adjournment pending the selection of the Nominating Committee.

I want to state furthermore that the Nominating Committee makes the selections for the vacancies on the State Board of Medical Examiners. Before you adjourn for that purpose the secretary will read over the list of counties composing the various councilor districts so that you may bear it in mind and each of you act accordingly.

Dr. Steer: How many vacancies are there on the State Examining Board?

President: I did not know there was any to be filled. I was just prompted by the secretary.

Secretary: Most of the delegates know whether their member retires or not.

Dr. Steer: I think this committee should know how many are to be selected before they get together.

President: There are none to be elected. If it is impossible for the members here to make a full appointment on the Nominating Committee with those delegates present, it could be filled tomorrow. You can make an incomplete report tonight as far as you go. I want to state further that the Nominating Committee is one of the most important committees appointed or selected by this House. It selects the officers for the Arkansas Medical Society and also selects the councilors. The councilors, in my mind, are the most important officers in the society, more honored than the president or any other officer. It is the most important from every standpoint, as men who have been out in the field, on the firing line, know, and there is every reason why, for the next year at least, we should select our councilors out of the very best material we have, because we have legislative and educational matters before us, and we have got a hard fight on. Now, the Nominating Committee will sound the membership in regard to the best men and try and take every man into your confidence, and you are to keep your selections absolutely secret until the last day of this meeting, which will be next Thursday morning, and we will have a meeting of the House of Delegates, when your chairman will make a report for the committee. A motion to take a recess now temporarily will be in order.

A recess was taken. Upon being called to order again, the following was announced as the Nominating Committee:

First Councilor District—Dr. W. W. Hatcher, Imboden.

Second Councilor District—Dr. L. T. Evans, Barren Fork.

Third Councilor District—Dr. T. J. Stout, Brinkley.

Fourth Councilor District—Dr. E. E. Barlow, Dermott.

Fifth Councilor District—Dr. G. P. Sanders, McNeil.

Sixth Councilor District—Dr. W. E. Vaughan, Richmond.

Seventh Councilor District—Dr. S. L. Steer, Hot Springs.

Eighth Councilor District—Dr. M. D. Ogden, Little Rock.

Ninth Councilor District—Dr. C. M. Ruth, Batavia.

Tenth Councilor District—Dr. E. E. Pickens, Rogers.

President: The next order is miscellaneous business. If there is anything to come before the House of Delegates of a miscellaneous nature, I would be glad to have you present it.

Dr. Ogden: There is a matter; I don't know whether it properly comes under this head or not. Just a few days ago I was approached by a repre-

sentative of the Trained Nurses' Association with a view of enlisting the support of this society to a bill to be introduced in the next legislature providing for the State registration of nurses, similar to that enforced in other States, and asking that the society give its endorsement to that measure. Personally, I think it is a good one. I don't believe it is essential that we should have a copy of the bill to pass on it. The bill has not been drawn up, but it is simply a measure for the registration and examination of trained nurses in the State, and allowing only those to register who have properly qualified, and protecting the trained nurses from the untrained nurses in allowing the public to employ an untrained nurse and not have to pay the price of an untrained nurse. To get it before the House, I make a motion that it be the sense of this House of Delegates that we endorse that measure and instruct our Legislative Committee to tender whatever aid possible in putting the bill through, if such a motion is in order at the present time.

Seconded.

Secretary: I would just like to offer the suggestion that a committee be appointed on this. The Committee on Medical Legislation is going to be swamped.

Dr. Hilton: I move to amend the motion by appointing a committee of one, and let that committee be Dr. Ogden. He is fully acquainted with conditions and everything of that kind, and can render more assistance, I imagine, than anyone else.

Secretary: I think he should bring to his assistance any other members as he thinks best.

Dr. Ogden: I have no objection to that amendment. I will state it as my motion instead of my second, but part of the reason for instructing the Legislative Committee to that effect was that in all probability, when that bill comes up, the Legislative Committee will be in touch with the legislature, and, while the motion was so worded, it did not mean that they were to go out and work for the bill, still they should be apprized of the fact that this House of Delegates favored the bill, and thereby they would use any influence that they might have incidentally when it comes up for discussion, as probably would if a lot of measures were referred to a committee that would consult with our legislative committee. Personally, I have been interested in this to a slight extent, for the reason that as long as a year ago some nurses came to me and asked me what to do about that. I advised them to get copies of similar bills in other States, which they have done, and I advised them also to get the opinions of several physicians and also of some lawyers in drawing up their bill, which they have done, and perhaps will continue to do, and I, for one, of course will be very glad to extend them any assistance within my power.

Dr. Hilton: I don't want the doctor to think that I was jesting about the proposition at all. His services before that legislative body in connection with this bill would carry more conviction than anything that this society can do. Furthermore, I want to say, from actual experience, I endorse the action of the Nurses' Association, and I think that Dr. Ogden can be commended in assisting them, and I would like to see the amendment carried.

President: Without adhering to strict parliamentary rules, I will put the question embracing Dr. Hilton's amendment.

Carried.

Dr. Barlow: In January we organized a Tri-County Medical Society, composed of Desha, Chicot

and Drew Counties. At that time we invited our councilor to be present, but he was not present. The question came up whether we should make a district medical society or a Tri-County Medical Society. After discussing the matter it was decided we had no right to make it a district society in the absence of the councilor, so we gave it the title of Tri-County Medical Society. At the last meeting of that society myself, Dr. Cotham and someone else were appointed a committee to put the matter before this body and see just what the State Society was going to do with us. I told them under the constitution of the State Society, as I understood it, we could not secure any affiliation as a tri-county society, but would have to become a district society. Our secretary wrote the councilor to meet us at the next meeting, which he did not do, and we have never been able to get any report from him. So I would like to hear from this society as to how we are going to be disposed of.

President: You heard the statement. This question is pretty well defined, I think, by our constitution, but we would be glad to hear from any member who cares to speak on it. I will state that the constitution provides for the organization of district societies made up of the component societies of the councilor districts. There may be conditions in which you cannot get a full representation of all the counties in the district. Whether or not you should organize a district society, even if you have only got two counties affiliated, or whether you call it something else, is the question. It is worth while to discuss. You may bring out some points of value to us. (The president here read that portion of the constitution applicable.)

Dr. Barlow: I put that before the society, but they insisted upon appointing a committee. Some of them were positive the State Society would accept the tri-county and give them affiliation. We do not wish to be misunderstood, because we knew the law. Some members of that tri-county society still insisted and they imposed upon us this duty.

President: I would like to hear from Dr. Cotham.

Dr. Cotham: I think Dr. Barlow stated the case about as it is. I do not know that I can add anything to it. He is kind enough to perform that duty for the committee, and you have it before you for discussion.

Dr. Butler: I do not think this House of Delegates could help a tri-county medical society. The constitution seems to be plain, and I see no reason why we could do anything except follow it. I think the constitution is sufficient to cover that matter without any discussion.

President: I believe, in order to get at it, that a motion be made to refer the matter to the Council and let the Council make a report. Then we can get an orthodox opinion.

Dr. Butler: I move that it be referred to the Council.

Seconded. Carried.

Secretary: Through the false modesty and timidity of the chairman of our Council, I would like to present a bill of his to the extent of \$40.75 incurred in fighting the chiropractic case at Texarkana. These things are generally disposed of in the Council, but as the Council made this bill they prefer that the House of Delegates give them some instructions on it.

Dr. Ogden: I move that the bill be allowed and paid.

Dr. Cooper: I think that case was decided from a case in our district. The Texarkana case never got to the Supreme Court.

Secretary: This was a fight in the local courts.

Dr. Cooper: We had a case come up in our district and fought in the local court and carried to the Supreme Court, and we paid our own lawyer. That is, the Sebastian County Medical Society paid it. It cost us \$50.00. The lawyer wanted to charge us \$100.00, and we "jewed" him down to \$50.00. We would like to have our money.

President: I want to make an explanation here. I was appealed to by Dr. Fuller of Texarkana, who wrote to me that the local society was not in a position to look after this matter as the seriousness of the case demanded, and I took the matter up myself, as president of the Arkansas Medical Society, with Dr. Hilton, chairman of the Council, and wrote him that I was sure if he would go over to Texarkana and render such assistance as he could, and see that the rights of this society were protected, that the Arkansas Medical Society would pay his traveling expenses. I understand it is not a bill for lawyers or any other expense except those incurred in actual work done by himself. He left his practice to go over there at my suggestion. So that differs in some respects from your case, Dr. Cooper.

Dr. Cooper: I think that ought to be paid.

President: I want to state that the chiropractics won out in its suit in Texarkana, so we hope to amend our medical practice act so as to exclude those characters in the future.

Seconded. Carried.

President: Before we adjourn I wish to state that the House of Delegates may adjourn to meet at any time it is necessary. We will adjourn, however, to meet Thursday morning at 8 o'clock unless some business demands an earlier session, in which event the secretary will notify the delegates.

Thereupon, on motion the House of Delegates adjourned.

## HOUSE OF DELEGATES.

### Last Day.

Thursday, May 16, 1912.

Having met pursuant to adjournment at 9:30 o'clock a. m., with Dr. Smith, president, in the chair, the following proceedings were had, to-wit:

President: The first order is the report of the Nominating Committee.

### REPORT OF NOMINATING COMMITTEE.

Mr. President, the Nominating Committee has finished its work and begs to announce the following nominations:

For President—Dr. Ed R. Dibrell, Little Rock; Dr. Frank B. Young, Springdale; Dr. R. H. T. Mann, Texarkana.

For First Vice President—Dr. G. A. Hebert, Hot Springs.

For Second Vice President—Dr. St. Cloud Cooper, Fort Smith.

For Third Vice President—Dr. R. Q. Patterson, Augusta.

For Treasurer—Dr. J. S. Wood, Hot Springs.

For Secretary—Dr. C. P. Meriwether, Little Rock.

For Councilor of Second District—Dr. L. E. Willis.

For Councilor of Fourth District—Dr. E. E. Barlow.

For Councilor of Sixth District—Dr. C. A. Archer.

For Councilor of Eighth District—Dr. W. A. Snodgrass.

For Councilor of Tenth District—Dr. J. T. Clegg.

Delegate to A. M. A.—Dr. Morgan Smith of Little Rock.

Alternate—Dr. A. U. Williams.

For Chairman on Practice of Medicine—Dr. C. H. Potter of Helena.

For Secretary—Dr. Thad Cochran of Weller.

For Chairman of Surgery—Dr. C. H. Cargile, Bentonville.

Secretary—Dr. E. P. McGhee, Lake Village.

For Chairman of Obstetrics and Gynecology—Dr. Rinehart, Camden.

Secretary—Dr. B. D. Luck, Pine Bluff.

For Chairman of Pathology—Dr. A. J. Vance, Harrison.

Secretary—Dr. Nettie Klein, Texarkana.

For Chairman of State Medicine and Public Hygiene—Dr. J. L. Greene, Little Rock.

Secretary—Dr. C. W. Garrison, Little Rock.

For Chairman of Dermatology and Syphilology—Dr. Leonard R. Ellis, Hot Springs.

Secretary—Dr. Abner Cook, Hot Springs.

For Chairman of Diseases of Children—Dr. O. K. Judd, Little Rock.

Secretary—Dr. J. S. Jenkins, Pine Bluff.

Little Rock was selected for the meeting place of 1913.

President: Under the precedent, we will proceed to the election of president. There are three recommendations.

On the first ballot Dr. E. R. Dibrell received 28 votes, Dr. F. B. Young 11 votes and Dr. R. H. T. Mann 12 votes. Dr. Dibrell was declared elected, receiving a majority of all votes cast.

Dr. Steer: I would like to make Dr. Dibrell's election unanimous.

Dr. Mann: I would like to make the motion myself that he be unanimously elected. I was just waiting to do so. I believe this society has elected the best man for the place. If I had voted myself, I certainly would not have taken it, because I think Dr. Dibrell deserves it.

Motion seconded and carried.

Dr. Butler: I move that the balance of the report be adopted as a whole.

Motion seconded and carried.

The next order was the report of the Committee on Resolutions.

### REPORT OF COMMITTEE ON RESOLUTIONS.

To the President and Members of the Arkansas Medical Society:

We beg leave to make the following report on resolutions and reports of committee placed in our hand.

On the resolution introduced by Dr. R. H. T. Mann, which reads as follows:

"Be it Resolved, That the Arkansas Medical Society petition the American Medical Association to substitute the word 'mosquito' for 'malaria,' in all its publications, in order that the public may the more quickly learn the cause of a disease which is annually the cause of the death of many thousands of our citizens."

We, the committee, believe this is a good suggestion, and give it our approval.

We also endorse Dr. Mann's motion, that the Committee on Necrology prepare a suitable program for a memorial service to be held at 8 p. m. on the evening of the second day each year of our meeting. We believe that a tribute to the virtues of our deceased brothers is just and fitting.

We have carefully considered the report of Committee on State Legislation and Public Policy, and have this to say concerning their recommendation: We have not had an opportunity to look over the new medical practice act as proposed by this committee, but as we are assured that the defects in the bill of 1907 have been cured, we urge the next Committee on State Legislation and Public Policy and the members of this society to use all honorable means to secure its passage. We also approve the recommendations of this committee that a bill be drafted for suitable provisions for the care and treatment of chronic inebriates.

We also ask that this committee and members of the Arkansas Medical Society use their influence in preventing optometry legislation, for we believe that the proper care of the eyes of the citizens of this State can be done by those only, who are properly qualified and not by a commercial class of citizens who know nothing about defects of vision and diseases of the eye.

We have carefully considered report of Committee on Tuberculosis. The ordinance presented by this committee for the protection of the public health is a good one, and should be enacted by every town and city in the State. This committee, from their report, have been busy in disseminating literature for the prevention of tuberculosis, for which they should have the thanks of this society.

They complain of the apathy of the members of this society and say that "their interest has been difficult to arouse."

They recommend "a Committee on Health and Public Instruction" be appointed to carry out this work. This last named committee to co-operate with the Council on Health and Public Instruction of the American Medical Association, the Board of Health of the State of Arkansas, the Rockefeller Hookworm Commission, the various county and local Boards of Health and the organized medical profession.

The Committee on Tuberculosis further recommend a Committee on Health and Public Instruction for each county medical society, whose duty it is to organize county public leagues, the membership consisting of physicians, teachers, lawyers, farmers, preachers business men and all others who may be intelligently interested in matters of public health, all of which meets with our approval.

We congratulate this committee on the good work they have done.

ST. CLOUD COOPER,  
W. E. VAUGHAN,  
C. A. ARCHER.

Dr. Warren: I move that the report be adopted as read.

Motion seconded and carried.

President: It will be assumed that the president will have the right to appoint a committee or the Committee on Resolutions should cure that defect.

The next order is report of Committee on Medical Education.

We, your Committee on Medical Education, beg leave to report the following on the report of the Board of Visitors to the Medical Department, University of Arkansas:

The report being somewhat voluminous and largely documentary, we deemed it expedient to prepare a resume of its most prominent statements. Briefly, the following facts, supported by the documentary evidence, appear:

That the committee was asked by the president of the Arkansas Medical Society to make an investigation along the same lines as the Council of Medical Education of the A. M. A.

That the faculty of the Medical Department, University of Arkansas, realized that under the present methods and standards of medical education it was impossible to conduct a reputable medical school without endowment or State aid.

That the Medical Department, University of Arkansas, therefore voluntarily proposed to give all of their property, amounting to \$65,000.00, to the State of Arkansas on condition that the State conduct a Medical Department in accordance with the standards of the American Medical College Association.

That a bill was introduced into the legislature to this effect, which was opposed and fought by the faculty of the College of Physicians and Surgeons until the faculty of the University of Arkansas agreed to pay the faculty of the Physicians and Surgeons \$15,000.00 out of the tuition fees of the Physicians' and Surgeons' students who might subsequently attend the reorganized Medical Department, University of Arkansas.

That the College of Physicians and Surgeons was a corporation organized under the laws of Arkansas of 1906 with a subscribed capital stock of \$52,000.00.

That after the withdrawal of the opposition by the College of Physicians and Surgeons, the bill was passed and became a law.

That the Board of Trustees of the University of Arkansas, through a committee, accepted the property of the Medical Department, University of Arkansas, and resolved that the first two years of the medical school work should be done at Fayetteville after the close of the session of 1913, and that the trust funds should be turned over to the treasurer of the University of Arkansas.

That the treasurer of the University of Arkansas has received no such funds.

That there was not a single meeting of the faculty during the session of 1911-12 until March the 16th, 1912, when they were entertained at a social function given by the dean.

That there is no evidence on the minutes that the committee of the Board of Trustees has exercised any supervision over the Medical Department.

That the Medical Department has operated a Pharmacy Department, when there is no such provision made for the same in the statute, and when there is a school of pharmacy already at Fayetteville.

That the statute provides that the legislature shall make appropriations for the Medical Department, University of Arkansas, and having made no such appropriation, the funds for maintenance were illegally expended.

That the statute provides that the Board of Trustees shall fix the scale of tuition fees, and there is no evidence that it has performed this duty.

That the students of the Medical Department during the past session presented to the faculty a written complaint concerning the neglect of some of the professors to fill the required number of hours; also concerning the bad condition of the buildings.

That no official recognition whatever was taken of this petition, but that a verbal reply was made by the dean.

That an examination of the record book shows marked neglect by the teachers in many branches in filling the hours assigned to them.

That while the statute provides that the Medical Department shall be conducted on a standard equal to the standard of the American Medical College Association, this statute was violated by allowing a student to graduate who had attended only three medical courses.

That the Arkansas Medical Society annually gives a gold medal to the student passing the best examination IN ALL BRANCHES.

That this medal was awarded this year to the student standing highest in the senior examination without consideration of the standing in other branches.

That candidates for the degree of doctor of medicine were not all passed solely on merit, but that appeals were successfully made to pass at least one whose grades fell below the required standard.

In view of the above mentioned facts, we hereby endorse the recommendations of the Board of Visitors, which are as follows:

There should be frequent and stated meetings and conferences of the members of the faculty and at longer intervals the committee of the trustees should meet with the faculty, so as to effect a closer union of the trustees and faculty; thereby enabling them, by interchange of views, to outline and carry out the most beneficial policy for the welfare of the school.

As the members of the medical faculty, except the dean, have been receiving no compensation for their services, they, at least, should have had the privilege of participating in the plans and policies of the school.

We recommend this course in the future, whether or not they receive salaries.

Out of the entire teaching faculty there should be selected an executive faculty composed of the heads of the different departments, who shall select the necessary officers, and who, after consultation with their respective department associates, should represent them in the stated conferences.

Each of the teaching departments should have one head, and one only; and the others in each of these departments should be ranked according to their seniority in years of teaching and teaching efficiency. This plan should give a worthy motive to excel in teaching and must necessarily redound to the credit of the school, provided it is rigidly and impartially carried out.

As the Medical Department is now in reality, as well as in name, a department of the State University, its affairs should be conducted with such publicity that at all times a knowledge of them can be readily obtained by any person, or representative, or any organization interested in medical education in our State.

The relations between the Medical Department of our university, the State Medical Society (so largely composed of alumni of the school) and the State Board of Medical Examiners recommended by our State society, are necessarily so intimate and related to the medical profession of our State through the State society that the latter should have the right at all times to inquire into any and all alleged irregularities in the efficiency or management thereof, and make such recommendations as in their judgment will be conducive to the welfare of the medical school.

And we hereby make these additional recommendations:

That our Legislative Committee be instructed to diligently use all possible efforts to secure in the next General Assembly an appropriation sufficient for the needs of the Medical Department.

We also recommend that a committee not connected with the Medical Department or the College of Physicians and Surgeons be appointed from this society, which shall, by repeated conferences with the faculty and the Board of Trustees, keep in touch with the condition of affairs in the Medical Department, having at all times the right to investigate and to recommend such measures as they deem wise for the welfare of the school, and who shall make a complete report to this society at its next annual meeting.

That this society instruct its officers not to award the gold medal previously offered by the society, until they are convinced by proper evidence that the conditions under which it is offered have been complied with.

Respectfully submitted,

M. D. OGDEN, Chairman,

JOHN M. PROCTOR,

L. T. EVANS,

Committee on Medical Education.

Dr. Westerfield: I move that the report be adopted.

Motion seconded.

Dr. Warren: I suppose this resolution will be printed in the records. I would like that this resolution, if it is not too expensive, to be printed in pamphlet form, that it may be circulated among the different members of the faculty, Board of Trustees, etc., and the people interested generally. If it is not asking too much, I would like to ask that Dr. Westerfield and his second make that as a part of the motion in accepting this.

Dr. Butler: I think it is an unnecessary expense. I can't see what good it would be. All the men who are reputable graduates in this State get the journal, and that is about the only men we are making this report to.

The original motion carried.

Dr. Harris: Will the Board of Visitors' report be published?

President: That depends upon how much funds we have. That is up to the Council. If in their wisdom they think it should be published and our funds hold up, they have the right to do it, unless some action is taken by the House of Delegates.

The next order was the report of the Committee on Council.

The committee on Councilors' Report made the following report:

The Council for the past year has shown more real constructive work for the organization than has ever been shown in one year, while some of the individual reports of councilors in their single district show lack of effort. The number of counties organized and the number

of members added is evidence that speaks for their efforts. The recommendations as suggested and asked in report we most heartily endorse, and we are thoroughly convinced that same is a solution of the problem of thorough State organization.

We would recommend that the membership of this society and of the component societies take notice of the efforts of Council and each lend his effort to make our State organization complete.

R. E. ROWLAND, Chairman.

Dr. Mann: I move that the report be adopted.

Motion seconded and carried.

The next order was the report of the Committee on President's Address.

We, your Committee on the President's Address, before the House of Delegates, beg to report as follows:

We heartily agree with the president's suggestion that a tentative program be outlined by each councilor for each component society in his district, and that he assist in the fulfillment of the same.

We agree with the president that the term of office of councilors be three years instead of two, and recommend that an amendment to the constitution to that effect be made.

We think the conciseness and brevity of his address is commendable, inasmuch as it contributes to the dispatch of business.

E. R. COTHAM, Chairman;

G. D. HUDDLESTON,

L. E. WILLIS, Secretary.

Dr. Butler: I move that the report be adopted.

Motion seconded and carried.

Dr. Warren: I understood that report to be with the term of councilors to be three instead of two years. I would like to say if that be true, it ought to be so arranged that one-third of the council is elected each year. Three to go out the first year, three the second year, four the third year. If he allows that to go on in the report, I will assume that the House of Delegates adopted that. So that we shall always have a majority of the Council acting. An amendment will be presented in the general session changing it. It will be submitted for the next meeting.

The next order was the report of the secretary of the Committee on Tuberculosis.

Harrison, Ark., May 13, 1912.

To the Members of the Arkansas Medical Society:

I hereby submit my report as secretary of the Committee on Tuberculosis. The chairman's report has already been made, showing the disposition of literature. I have since distributed about 8,000 small folders and arranged for 5,000 large cartoons to be distributed to the teachers in the State.

I have written to physicians, generally to secretaries of county societies, in each county of the State having a county society, asking them to assist in distributing literature. To these appeals I have had very few responses. A second appeal brought a few more responses and I have succeeded in placing packages in thirty-four counties.

Our express agent kindly allowed me to send these packages, containing 500 small and 100 large, for 25 cents each, except in a few instances where they were transferred to another express company.

We have distributed literature at county fairs, district fairs and State fair at Hot Springs.

I, as secretary, have had charge of the financial part, but you will observe I have not handled one penny of the money.

I have received one hundred dollars this year and disbursed altogether by check \$99.70 (see checks enclosed), leaving a balance of 30 cents to account of A. J. Vance, secretary Tuberculosis Committee.

There is a little outstanding indebtedness of a few dollars; bills not yet in.

We have tried to economize, having spent less than \$29.00 altogether, except amount paid for literature and freight.

Respectfully,

A. J. VANCE,  
Secretary Tuberculosis Committee.

Dr. Meriwether: At the meeting of the State Medical Society about two years ago there was \$500.00 appropriated to this committee. They spent \$167.00 and some cents for the buying of this literature and expended \$100.00, as this report shows, less 30 cents, making all told about \$260.00 of the appropriation.

Dr. Hatcock: I move that the report be adopted.

Motion seconded and carried.

The next order was the report of the Council.

Dr. Hilton, Chairman: We have audited the books of both the secretary and treasurer, and find both have been kept in proper manner and are correct. Cash on hand in the hands of the secretary and treasurer is \$2,140.00, I believe. Something over \$2,000.00. Editor H. H. Neihuss' report has been carefully examined and found correct as to cash received and amounts paid out. He has brought the Journal to where the publishing expenses are about covered by the incomes from the announcement cards and advertisements.

We would recommend that the secretary be paid for his services to the amount of \$400.00, and that the editor receive the same amount. That J. S. Wood be refunded \$5.00 on account of fee for his bond, as the society requires him to furnish bond.

We would recommend that, owing to the importance of the Legislative Committee, and owing to the importance of the legislation now in front of us, and that we already have a committee of our best men, and that they are thoroughly cognizant of all the facts to be brought out in the bill, that this committee be continued in service.

As to the complaint of Sebastian County Medical Society, we have examined several gentlemen from that society, and the president and the editor of the Journal, and beg to report as follows:

We have carefully considered the resolution presented by the Sebastian County Society concerning the advertisement of Dr. J. P. Runyan in the April number of the Journal, and beg to report that we believe Dr. Niehuss, as editor, and Dr. Runyan are to be held blameless of any intention of violating medical ethics, but we do desire to advise against such advertisements as ill-timed and improper.

Dr. Warren: I move the adoption of the report.

Motion seconded and carried.

President: Is there anything under the head of miscellaneous business?

Dr. Mann: I want to make a motion that the secretary of this association buy a secretary's book like this, only larger, and that he write down the minutes of our meetings and keep those minutes, and then at the next annual meeting each year these minutes to be read and approved and assigned by the president and secretary, just like any other business proposition. If I had occasion to ask the secretary about certain things, "Have you any archives of the transaction of this society, as a banking business or any other business?" he would say, "The only thing I have is the Journal." If I ask him when this constitution and by-laws were adopted, when they were approved, who signed them, he would go back and pick up some old Journal with the president's name signed to it and printed in it, and you would have no archives of any transaction at all that if you were ever called into court you could produce them. If some man twenty years from now wanted to see something that went on in this society, unless he saw it in books and the books got lost, he could not find it. There is absolutely no record written down and signed by the president and secretary of this society in a business way and kept of its transactions from year to year. It is only published in the Journal and likely to be lost. I move that he get a book.

Dr. Meriwether: I would like to move the adoption of that myself. I think it is a good one, although it is an extra long, drawn-out, tedious proposition, if he wants me to write it. The entire proceedings are printed in the Journal. Why could not that be clipped and pasted in this book?

Dr. Mann: It has not been done.

The motion was seconded.

President: You are doing the very thing you are accusing our secretary of doing. You should have written out your resolution in long-hand so that we could put it in our archives.

Motion carried.

Dr. Hilton: I want to suggest a little amendment to the constitution.

That Section 13 of Chapter IX of the by-laws be amended to read by inserting the words "on or before March 1 of each year," instead of "thirty days before the annual session."

That Section 14 of the same chapter be amended to read "thirty days," instead of "ten days."

President: That amendment will be referred to the secretary and published in the Journal. It is not subject to debate.

Dr. Wear: I desire to introduce a resolution:

"Resolved, That the treasurer of the Arkansas Medical Society pay \$50.00 to the treasurer of the Franklin County Medical Society to reimburse this society for money actually spent for attorney fees in prosecuting the Chiropractics in the circuit and supreme courts of Arkansas."

Motion seconded.

Dr. Warren: If this is going to be done, whether it is going to be a precedent that all suits brought of a similar nature are to be paid from the State society to the county society, seems to be unwise. Unless it was specially authorized by the State society, I don't think it would be right to pay it. Every county society would have the same prerogative, to have the expenses of a suit paid for by the State society. If this was a case in which it was specially ordered it would be all right. If it is not, I think it is all wrong. I don't think it would be a good precedent.

Dr. Wear: Franklin County Medical Society took the initiative in fighting the Chiropractics in the State of Arkansas. They were indicted in the Franklin Circuit Court, attorneys were employed and the case carried to the Supreme Court. About the same time the president asked the counselor to go to Texarkana and begin work down there. He went down there and started to work to prosecute them in the Circuit Court. That work was fairly started until this case was decided in the Supreme Court and the whole thing was stopped there. The counselor down through that part of the State was paid for his work down there, and it would seem to be fair to pay this society that went into this work without fear or hope of reward and stepped into the breach and went to work. If that was good, it seems to me this would be good.

Motion carried.

Dr. Norwood: I have a resolution:

"Whereas, The business of this society is delayed and interfered with on account of the neglect or failure of the various committees to file their reports in advance of the meeting; and

"Whereas, In order to cure this condition, and in order that the great amount of business may be disposed of so as not to interfere with the section work; therefore, be it

"Resolved, That the president of this society be requested to make all appointments to committees within thirty days after the adjournment of each annual session.

"Resolved, That all committees' and councilors' reports shall be in the hands of the secretary thirty days before the annual meeting."

President: That is one of the most important resolutions that has come before us, because it means the expedition of business.

Seconded and carried.

The next order was additional report of president's address.

We, your Committee on the President's Address before the Arkansas Medical Society, beg to report as follows: That we recommend that a vote of thanks be extended by this society to the president for his masterly address, and wish to call especial attention to the following recommendations contained therein:

First. Longer terms of service for councilors. In this recommendation we heartily concur.

Second. That a committee on the organization of welfare leagues be appointed by the House of Delegates. We agree with the president in this recommendation.

Third. That a committee be appointed upon sanitation and public hygiene. We also favor the appointment of such a committee.

Fourth. That an amendment to the constitution providing for the admission of undergraduates as members of this society be adopted.

As a substitute for this recommendation, a majority of your committee believe that the amendment provide for honorary membership only. A minority believe that no recognition should be extended to undergraduates.

Fifth. That the present Committee on State Legislation and Public Policy be retained. We favor this recommendation.

Respectfully submitted.

G. D. HUDDLESTON,  
L. E. WILLIS, Secretary.

President: There is one oversight in the address, that the Committee on Public Health and Welfare should be appointed by the president instead of the House of Delegates. I think that was your idea, Dr. Willis.

Dr. Willis: Yes.

Dr. Kosminsky. I move that the report be adopted.

Motion seconded and carried.

Dr. Mann: I want to offer a resolution.

I move that the thanks of this society be extended to the city of Hot Springs, its citizens and its physicians for the splendid entertainment given to the members of this society.

Motion seconded and carried.

President: There are other resolutions that will be presented at the general session of a felicitous nature as well as the one introduced by Dr. Mann, and the amendments to the constitution and by-laws will be submitted at this meeting.

Dr. Luck: I have a resolution:

"Whereas, The time of meeting for the State Medical Board of the Arkansas Medical Society is fixed by law and all members of said board are desirous of attending the meeting of this society; therefore, be it

"Resolved, That in the future the Committee on Arrangements be instructed to fix the time of meeting of this society so as not to conflict with the meeting of said board."

Dr. Warren: I move its adoption.

Motion seconded and carried.

Dr. Warren: I want to offer an amendment to the by-laws, if in order now.

President: If it suits the House of Delegates. There are two other amendments to be submitted at the general session, and if the House of Delegates rules it is proper to present them at that time it will give you time to reduce it to writing. If that is the sense of the House of Delegates, say so.

The House so signified.

President: I thank you very kindly from the bottom of my heart for the earnest co-operation you have given me in the discharge of my duty. I have done it to the best of my ability and shall ever be grateful to you for your kindnesses and courtesies.

On motion the House of Delegates adjourned sine die at 11 o'clock a. m.

**SECOND DAY.****General Session.**

Eastman Hotel dining room, Tuesday morning, May 14, 1912.

The general session was called to order at 10:25 by President Smith, there being a quorum present.

Invocation by Rev. Forney Hutchinson.

The Chair: Acting Mayor Weimar was expected here to welcome us this morning, but finds it impossible to do so. He sends us a letter of regret, which I will read to you:

"Hot Springs, Ark., May 14, 1912.

"To the State Medical Society and Arkansas Association of Pharmacists:

"It is with the keenest regret that on account of illness I am unable to be with you this morning. I had looked forward with pleasure, as Mayor Waters' representative, to bidding you a sincere and cordial welcome to the city of Hot Springs. I hope that your meetings will be a success in every way, that you will enjoy yourselves thoroughly, and I assure you that the people of Hot Springs extend to you a most cordial welcome.

"HENRY WEIMAR,  
"Acting Mayor."

The Chair: I take pleasure in introducing to you a gentleman who is perhaps known to most people of the State of Arkansas, for in many ways he is the most popular man in the State of Arkansas. He is the prince of gentlemen and an orator of no mean ability. I take pleasure in introducing to you the Hon. Harry H. Myers of Arkansas, city and State of Hot Springs, who will now address you.

Mr. Harry H. Myers: Mr. President, Ladies and Members of the Arkansas Medical Society and Arkansas Association of Pharmacists: I deem it a very great honor indeed and a most exquisite satisfaction to be here today to have the dual pleasure of representing the United States and the State of Arkansas and city of Hot Springs. And I want to make this observation, that I am really surprised at the fine-looking doctors that are here representing Arkansas. Most of you are strangers to Hot Springs. I notice. The city of Hot Springs and the United States government reservation are all yours.

The matter of making an address of welcome is more or less perfunctory in Hot Springs, because Hot Springs has always wide open arms for anybody that has money. We welcome you because we know you have this, and we realize when you leave we will have it. If we don't, it will be our fault, and we are never at fault in Hot Springs.

I am very much like the Irish girl when she left Ireland with a letter of recommendation as to character. She had a good letter and a good character, but on the way over lost her letter. She was very much in a dilemma when an Irish friend of hers, who happened to be on board, came to the rescue. He just wrote her another letter: "Bridget O'Flaherty had a good reputation when she left Ireland, but lost it on the way over!"

My experience has always been with doctors of divinity. I have done more with them than doctors of medicine. It is quite a wonderful thing to be a doctor. I never realized just exactly what it meant until I came to Hot Springs. I had an idea before I came to Hot Springs that the doctor was a very poor business man. Away back in the dim and distant past, when I began the practice of law, when it didn't take over four policemen to keep my clients lined up in front of my door to avoid a riot, opposite me in the same hall were a young dentist and a young doctor. This young dentist and I, after the trials and tribulations of our extensive practice during the day were over (about 8:30 in the morning), put in the rest of the day playing ten cents ante poker, playing on credit. I would win his dime, and then he would win my dime, until finally this young doctor, who had a little money, got into the game. We made him pay cash. He kept us up for the first three years of our starvation period. I concluded from that that the doctor was a very poor business man. Since I came to Hot Springs I have had my ideas altogether revised. My experience is that these doctors over here are good business men. In fact, I have spent many sleepless nights trying to find some of their frenzied finance and brain storms.

Gentlemen, I am glad you are in Hot Springs, seriously speaking, because I consider this the greatest resort in all the world. Were I to tell you today, with my very well-known reputation for veracity and truth (that has never been questioned except orally, verbally or by typewriter or penmanship), some of the cures I

have seen effected here, you would be really astonished. These waters are unquestionably the greatest gifts God ever gave to man, and I am very glad to say to you that the United States government, the greatest government in all the world, or that ever existed in all the world, has taken full recognition and cognizance of these wonderful waters, and I can say to you that I believe it is the policy of the United States government from now on to bring the great merits of these waters to the attention of the world, and I dare say that within the next decade Hot Springs will be recognized not only in the United States, but throughout the entire known world, as the greatest health resort in all the world. I believe firmly that these waters will accomplish more than any waters on the face of the earth. They will make the well "weller," they will make the sick well; they will make the tired man rested; they will put elasticity in the step and the sparkle to the eye. They will put vinegar in the vinegarless and vigor in the vigorless. They will bring the sick man so that he will defy the "white hope" wherever he springs from, and they will put the crutch factories out of business. Roller chairs will be, in a few years, a thing of the past, when Arkansas and Hot Springs are well known to the people at large. I know of no place on earth, and I have been all around the world—I have been to Vincennes, Ind., and Stuttgart, Ark.—I know of no place in all the world where the sick, ill or the afflicted can receive more for his money than he can at Hot Springs. I know of no place where there are more real skilled physicians of the highest class than there are at Hot Springs. I have had two years' experience with them. I took them skilled and unskilled, and many of them are still skilled. You can receive more benefit for your patients, after you have exhausted all your skill and means, and they have exhausted all their means, by sending them to Hot Springs, and by the reciprocity or comity that exists between physicians, lawyers, etc., having them come over here and take these baths. As I said in a paper that I prepared for one of the medical journals, the greatest in the world, published by this society or someone connected with it, that when the last great day comes, and your souls stand naked and alone before the great white throne, and the recording angel is called upon to balance your accounts of good, bad and indifferent (and I suspect there will be very little of the first named), the greatest mark of credit will be that during your short, uneventful and uninteresting lives you sent the greater number of your patients to Hot Springs to take these waters.

Now, the results of these baths are almost marvelous. A great many people, particularly professional and brilliant men, come here after a very strenuous time in their home town, or usually some other person's home town, after they had gotten astigmatism of the optic nerve looking at their hands (demonstrating), and failing to find that for which they sought, and after weary nights and weary days of this sort of thing (and it is most trying after the fourth or fifth night), they come to Hot Springs. They begin at the first fountain erected by Uncle Sam on the reservation with the hot waters and they wind up with the hot baths, and in three or four days they go home with a tale that any wife will believe. And I want to say for the ladies, I don't know how about doctors' wives, but I know lawyers' wives and business men's wives are pretty easy. They will believe most anything they tell them. After they come to Hot Springs any man's conscience will stand for a pretty fair story of his own righteousness.

Now, the keys of this city have all been thrown away. In fact, we have no keys. The mayor might tell you that he turned the keys of the city over to you. Well, that would be a fairy story. We have no keys. Our hearts and our homes and our hotels and the concomitants or perquisites are all open to you. In many places you will find preparation has been made for your comfort by the construction of places to lean, with brass railings along the side, so that you, if afflicted with rheumatism in the lower limbs, will not need to suffer the pain of standing too long in one position. All these have been arranged for your comfort.

This is a beautiful place. There are many things of interest here to see during the day. During the bright light of the sun, of noon and afternoon, you will see many things that are interesting: visit the ostrich farm, the alligator farm, the amusement parks, the beautiful mountain drives, beautiful East Mountain, which is kept up by the government, which is more like a city lawn, and many things beautiful, Oak Lawn Park, and beautiful homes. All of these will be interesting to you, because Hot Springs is a most beautiful and picturesque city, surrounded as it is by these Ozark Mountains, its beautiful valley running off through here to the south. You will find many things in Hot Springs that you will find no place else on earth. This was intended by the great Creator as a health resort, because, with its combination of beautiful scenery, magnificent lakes and these superb, marvelous and unequalled waters, you will find its equal no place on earth. These pine-clad mountains and balmy skies all combine to health. That is during the day. After the sun goes down over the purple-hued Western hills, there are many things that will interest you after night. We have the Y. M. C. A. here, we have a library here, and our hotels are provided with Bibles by the Gideon Society in each room, and after night you will need to spend your time in your own room to study up

the Scriptures as to how to heal, as Brother Hutchinson said, not only the body, but the soul.

Now, gentlemen, Hot Springs is glad to have you. We are always glad to have anybody, as I said in the beginning of this dissertation on Hot Springs, because that is what Hot Springs' railroads are built in here for, to bring people in. We tried to get a road out, but then we concluded, inasmuch as Hot Springs had always gone through everybody, we didn't want any railroad going through Hot Springs.

I had a sort of hunch this morning that I was going to be imposed on, like the little boy who had been eating green apples, and was sitting on the side of the road when an aged Christian Science woman came by. Seeing him all doubled up, she said, "What's the matter?" He said, "I am sick." She said, "There is nothing on earth the matter with you. If you just imagine you are free from pain you will be free from pain." She tried to work this Christian Science on him, but he would not stand for it, although I think it was a beautiful thought. If you have nothing, you can imagine you have much. If you have much, you can imagine you have little, and I think there is nothing so beautiful in the world as that sort of idea, if you can get it through you all right. But he was groaning and writhing in pain, and she worked this Science on him as far as possible, and said, "Now, just think a moment. Let me insist there is nothing the matter with you." He said, "That's all right. That's all right. I like the way it sounds, but I have got inside information that you haven't got."

Now, I have got a lot of inside information about Hot Springs and about Hot Springs doctors that you haven't had in your possession yet, which is subject to your call if you want it.

Again I say the city of Hot Springs welcomes you. We are glad you are here and we hope your sessions will be profitable to you and beneficial to the world at large, as no doubt they will be. I have no doubt but what, perhaps, some paper will be read here during this session that will redound to the great good of humanity throughout the world. There is many a genius in Hot Springs. There is many a genius in Arkansas. There is no State in the Union that has as many geniuses unknown to the world as Arkansas. And the best part of it is we all admit it.

Now, you have all heard about lawyers making mistakes and what becomes of them, and about doctors making mistakes and what becomes of them. The doctors bring many of them into the world, but they are not responsible for all they bring in!—and you are not responsible for what you do in Hot Springs. Now your doing in Hot Springs will be looked over—by the chief of police! And we hope you will not suffer yourself, but have all that you want that is good, bad and indifferent, so long as you pay for it before you leave town. This is one place where everybody's money is recognized, and especially by the banks. The best people in the world are here; many of them now on a vacation. I see that the doctors are here, however. And again let me wish for you everything that you yourselves may wish. I thank you heartily.

President: It was a matter of great felicity when it was announced at Fort Smith last year that the next meeting of this society would be held at Hot Springs. There was no doubt in the minds of those who even wanted this society to go to another place, of the welcome which we would receive here.

I have the pleasure of introducing to you this morning the president of the Hot Spring-Garland County Medical Society, who will welcome you on behalf of his society—Dr. A. U. Williams.

Dr. Williams: Mr. President, Gentlemen and Members of the Arkansas State Medical Society, and the Arkansas Pharmaceutical Society also: It is my duty, I suppose, to welcome you this morning. Had my address been delivered a few moments ago it would have sounded much better, but I want to tell you that notwithstanding the dubious compliments that the Hon. Harry Myers passed on the medical profession, he means well, but he is not always responsible for what he does or says. Well, he is not responsible for what he is. Any man who has run twice for governor of the State of Arkansas on the Republican ticket and is willing to run again, ought not to be held responsible for this or anything else he might do! Mr. Myers means well, but it is a hard matter for him to be strictly accurate and straightforward. But you must overlook some things.

It is my privilege this morning to bid you welcome to our city on behalf of the Hot Spring-Garland County Medical Society.

Judging from the name you might think this a very large society. It is second in the State, I believe. We propose to make it first. Little Rock men will please take notice of our resolution. All addresses of welcome are somewhat similar. Of course, you expect me to say that we are glad to see you. Of course, you expect me to tell you of the wonderful material progress of our city. Of the new railroad that is coming in from the West. Of our palatial hotels and magnificent bath houses.

Of our banks with their millions of dollars on deposit—not much of it belongs to the doctors, however! Of the wonderful hot water that causes the lame and the halt to run and leap for joy, cures the blind, rejuvenates the old, and lowers the blood pressure.

The hot water is owned and controlled by the United States government. You are a part of the government, so you are in a measure under your own vine and fig tree.

I could tell you all these things about the city, but the mayor will deliver the keys to you and you can see for yourselves. I hope you will return them when you leave. I could tell you all about the hot water, but the Hon. Harry Myers has told you that, what the government has done and is going to do. I would tell you of the many bugs that the new microscope has found, but Dr. Garrison has them in the next room and will show them to you. He did not get them in Hot Springs, however. I might tell you of the wonderful progress in the science of medicine within the last few years, but our worthy president, Dr. Morgan Smith, will do that much more ably than I could.

We appreciate the honor of your meeting with us. We know that you are a hard-working body of earnest men. We hope you will give us a chance to get acquainted with you. Save some of your time for pleasure and recreation. The Entertainment Committee has made arrangements with Uncle Sam to give you all a free bath. They are all free bath houses to you.

We hope you will accept our hearty appreciation of your coming. Accept and enjoy our hospitality; have a good time, as well as a prosperous meeting, and all come back again.

The Chair: We shall now have the response to addresses of welcome on the part of the Arkansas Medical Society. I take pleasure in introducing Dr. J. P. Runyan of Little Rock.

Mr. President, Mayor of Hot Springs, the Superintendent United States Reservation, Members of the Arkansas Medical Society and of the Arkansas Association of Pharmacists, Ladies and Gentlemen: One is placed at quite a disadvantage in having to follow such able and eloquent orators as those who have spoken here. I feel my inability properly to respond to such able welcoming addresses as it has been our pleasure to listen to this morning. I am sure that I cannot command language adequately to express our appreciation of your most hearty welcome to your most beautiful City of the Valley of Vapors. I feel that any language I might employ in an effort to portray to your minds the appreciation, I am sure every visitor feels after listening to these addresses, would but feebly convey our real emotion. From the bottom of my heart I thank you.

It is seldom that the Arkansas Medical Society holds one of its meetings outside of Arkansas, but when it does there is no place we go that meets with such universal approval as Hot Springs, U. S. Here we always receive such a hearty welcome that we are made to feel at home. Both the laity and the local medical profession join hands in providing for our comfort and pleasure during our stay here. In Hot Springs are to be found some of the biggest-hearted people in the world. Since it is impossible for us to reside here, certainly we do feel a sense of gratification for the privilege of being able to visit your most interesting and enterprising city, and being so delightfully entertained in the royal manner your welcome to us this morning indicates, and as is outlined in your program for the week.

Hot Springs has done as much, and probably more, to put Arkansas on the map as anything in the history of the State. Go where you please, and from what place you may, and strangers will ask, "How far from Hot Springs do you live?" I am proud to live so near Hot Springs. I feel that it should be not only a duty, but a pleasure, for every son of Arkansas to boost Hot Springs all he may at home and abroad, because by so doing he is to that extent boosting Arkansas, and I believe in being an Arkansas booster.

On behalf of the Arkansas Medical Society I thank you for your most hearty welcome.

The Chair: We shall now have the response to addresses of welcome on the part of the Arkansas Association of Pharmacists, as this is a joint conference. I take pleasure in introducing Dr. John B. Bond of Little Rock.

The President Garland County Medical Society the Hon. Superintendent, the Presidents of the Arkansas Medical Society and the Arkansas Association of Pharmacists, Ladies and Gentlemen:

I certainly esteem it a high honor to be selected to respond to the eloquent addresses to which we have just listened.

My regret is that being unaccustomed to public speaking, and having but scant notice of what was expected of me, I will be unable to do the subject justice. In truth, I only consented to appear in this role today in order to help "make up the program."

The case is far different with the gentlemen who have preceded me. There has been such a stream of conventions coming here that these gentlemen and many others of the city are perfectly at home in the beautiful art

of "speeches of welcome." In fact, I have heard it intimated that some of the charming speakers of your city are more familiar with the arts of oratory than they are with the Lord's prayer or the ten commandments!

But let me get down, or rather up, to Hot Springs, her magnificent hostilities, her splendid views and drives, not forgetting her wonderful water; yes, sirs, the water here is fine, what there is of it! But, Mr. President, did you ever notice how very little of it is drank by the citizens? I sometimes wonder what these people drink. The only use that I have observed with the water is to wash glasses, dishes and things. There must be an Elixir Ad Vitam Longam here that I have not yet found!

As to Hot Springs geographically. In many parts of the United States it is synonymous with "Arkansas." Only last fall I spent some weeks in Boston, and one day when strolling through the magnificent public library, the finest in America, a gentleman with whom I had been conversing asked me "where I was from." I replied, "From Arkansas." "Oh, yes," said he, rubbing his forehead thoughtfully. "Oh, yes, that is down there close to Hot Springs?" I told him "yes, that Arkansas and Hot Springs were close neighbors." Then, last month at Tucson, Ariz., the very able editor of the very sprightly Daily Star gave me quite a nice write-up, after some conversation about Little Rock, in which I had told him of our prosperous city, its 75,000 people, its miles of fine streets, its large business interests, he calmly put me down in big black caps as "Dr. Bond of Hot Springs!"

So, you see, gentlemen, we cannot get away from Hot Springs! Nor do we want to. All Arkansas is proud of the "convention city" of the State!

I am here to tell you, Mr. President and Mr. Superintendent, in behalf of these druggists, how greatly we appreciate your cordial welcome and the charming amenities extended to us by all of your citizens. We are glad we came and we expect to come again, but not so many at the same time, perhaps.

We accept your courteous hospitality with the same fraternal spirit in which it is extended. Whenever the people of Hot Springs want anything that the druggists of Arkansas can confer, just "press the button," we will be there "with the goods."

At the conclusion of Dr. Bond's address the pharmacists retired. Dr. Vinsonhaler of Little Rock was called to the chair and the president delivered his annual address. Printed in full in this issue of the Journal, page 1.

On motion of Dr. Hilton, seconded by Dr. Scales, the president's annual address was referred to committee composed Drs. E. R. Cotham, J. D. Huddleston and L. E. Willis.

Adjourned.

### THIRD DAY.

#### General Session.

Wednesday morning, May 15, 1912. Called to order at 9:35 a. m., President Morgan Smith in the chair.

The Chair: It was a beautiful thought of James G. Blaine, that of reciprocity among nations. There should be among medical men, and is equally true of reciprocity among medical societies as among nations. I am not the father of the idea of asking the various State societies to send us fraternal delegates. I was delighted to know that Missouri, Texas and Louisiana had responded to our request to send us fraternal delegates. I have the pleasure this morning of introducing to you the fraternal delegate from Missouri. I am sure that he will receive a cordial welcome from our members, and I trust he will enjoy his stay with us. He will now address you on behalf of the Missouri Medical Society. I am sure that he will say something that will be of benefit to us all. I have the pleasure of introducing to you Dr. Francis Reeder of St. Louis.

Dr. Reeder: Members of the Arkansas Medical Society: Through the courtesy of the president of the Missouri State Medical Association I am now enjoying the privilege of being with you at your annual meeting. The president has requested me to present to the members of the Arkansas Medical Society our most cordial greeting and best wishes for its medical activities, and the coming together with the proper professional spirit and interest that invariably should find a logical center at your annual meetings. I am keenly appreciative of the honor and privilege of meeting with you and to convey to you this message of kindly feeling and good fellowship. I trust that you will accept it in the same spirit it is tendered. I esteem it a flattering privilege

and it gives me exquisite pleasure to be with you at your meeting. (Applause.)

The Chair: The great empire State of Texas has seen fit to send us one of its distinguished citizens as a delegate. We have equal claims on this delegate with our sister State of Texas. We have ever held him in the highest esteem and know him to be one of the strongest factors in the development of conditions which concern the welfare of the Arkansas Medical Society. Despite the fact that one foot rests on Texas soil and one in Arkansas, and while he has developed an equal interest in both State societies, that does not make him any the less loyal to the State Medical Society of Arkansas. As a delegate from the great State of Texas he has a message to deliver to us this morning from his experience in living a "double life." I take pleasure in introducing to you Dr. C. A. Smith of Texarkana, Ark., and Texarkana, Tex. (Applause.)

Dr. Smith: Mr. President and Ladies and Gentlemen of the Arkansas Medical Society: It gives me great pleasure to extend to you the cordial thanks of the Texas Medical Association and our fraternal greetings. The chair said I belonged to both States. We are located on the line down there, about half in Texas, and half in Arkansas. My residence happens to be in Texas, my office and business are located entirely in Texas, but I really do not know whether I belong to Texas or Arkansas. The people in Texarkana have doctors on both sides. The hospital is on both sides, and practically nothing one-sided. We operate on both sides for appendicitis and all that sort of thing. (Laughter and applause.)

Well, that is the way I feel about it. I belong to both States, but I do not propose to let anyone operate on me on both sides.

The meeting of the Texas association was held last week down in the beautiful prairie city of Waco. I had a most delightful time. Texas is a great State. The attendance was enormous—something over six hundred present; but, after all, that was comparatively a small percentage of the physicians. I believe the State Society has an enrollment of something over 3,000 members in Texas.

I would say the profession in Texas is growing; organized medicine is growing. The sentiment of the whole State seems to be of fraternity and unity and "get together," and we feel that there are brighter times in prospect for the profession in Texas and also in Arkansas. (Applause.)

The Chair: I am sure we appreciate most heartily these beautiful expressions of the delegate from Missouri and the delegate from Texas. In the case of the gentleman from Missouri we have the assurance that he will not "have to be shown" as to our good feeling toward him, and I feel certain that while he is here "there will be no kickin' his dog aroun'." Texas "has done us proud" in every respect.

It is indeed gratifying to me to be able to announce that the Louisiana State Society has seen fit to respond to our invitation and is represented by one that medical men delight to honor; one of the leading members of the Louisiana State Medical Society and ex-president of the society; also an ex-president of the Southern Medical Association. Dr. Dyer has a message of importance which he will deliver to us this morning. I trust that what he says, especially in reference to Southern medical matters, will put you to thinking about our needs, especially in view of the opening of the Panama canal and the probable introduction of tropical diseases along our Southern shores. I take pleasure in presenting to you Dr. Isadore Dyer of New Orleans.

Dr. Dyer: Ladies and Gentlemen: For the Medical Society of the State of Louisiana I wish to express our appreciation for the invitation to us to share in your proceedings, and to state that it is the desire of the Louisiana State Medical Society that the system of fraternal delegates may go on forever; that the association of one body of men working to the same end as the other may in that way come together for a common object and common result.

The Louisiana State Medical Society also held its annual meeting in New Orleans, in April. There was as

large attendance, as might have been expected, when all the flood conditions in the State were considered, and the fact that many men who practice medicine at other times had their hands full fighting the flood.

The president of the Southern Medical Association, J. M. Jackson of Florida, has especially delegated me to present myself to the Arkansas Medical Society and discuss in brief the purpose of the Southern Medical Association and to urge the interest and the co-operation of the members of this society in developing the Southern Medical Association. This body began several years ago with the original intention of affiliating itself with the American Medical Association and become a subsidiary branch thereof. While this idea was born in the minds of some of the men who originated and compose the Southern Medical Association, for some reason it did not meet with the favor of the rank and file of the membership of that association.

At the Nashville meeting in 1910, when I had the honor of being elected president for the ensuing year, the policy was declared that the Southern association should be organized for the interest of the body of the profession of the South; that our purposes, our objects and our needs were foreign to those of the American Medical Association, which had its function to fulfill, and which could not be sectional in its objects. That we had problems in preventive medicine; we had problems in child life and in child salvation, which the American Medical Association could not interest itself in, and if we tried it with a lot of red tape it would mean that our function would be purely perfunctory, and that the Southern association would be nothing but a social organization with its objects of helping one another in the association and of helping the people relegated to some back seat.

The Southern Medical Association, then, stands for the interests of the profession of the South. We want to get together to improve many things; medical legislation and instruction in public health problems and preventive medicine, the elevation of the standards of medical education for the doctors of the South may get their education in Southern colleges, and that the doctors of the South may get that education at the Southern colleges which will equip them as well as they may be in Northern schools of medicine. The Southern Medical Association stands for these things and more; but I am not here to take up the whole time of your association in discussing these things. The message which I bring is this: To become a member of the Southern Medical Association requires that you be in good standing and that you shall be accredited by the officials of your own association. The Southern Medical Association is no longer identified alone with the States of Florida, Georgia, North and South Carolina, Alabama, Mississippi and Louisiana, but Texas, Arkansas, Oklahoma, Tennessee, Kentucky and Virginia shall be included in the list of Southern States.

As Dr. Evans very aptly remarked last night, "We do not get all that is coming to us because we are not in the union." We ought to be in the union, and that union ought to be our own union for our own interest. (Applause.) The Southern Medical Association stands for that. I wish to say that all that is necessary is for you to ask for an application blank from the secretary, who is Dr. Seale Harris of Mobile, Ala. The membership dues are three dollars per year, and that includes subscription to the Journal of the Southern Medical Association, which is a most creditable publication, and that publication will represent the spirit of medicine and the intellect of medicine in the South. And, finally, I would like to say I trust that the message I bring to you may bear such fruit that when the next meeting of the Southern Medical Association is held in Jacksonville, Fla., next November, that Arkansas may send a large delegation. (Hearty applause.)

The Chair: Drs. Reeder, Smith and Dyer—On behalf of the Arkansas Medical Society I extend to you the courtesies of our meeting and welcome you in the very sweetest sort of spirit. I want to say to you, however, that the Arkansas Medical Society does not relinquish any of its rights, because "we have thrown our hats into the ring." We are in the van and challenge any other association in the United States to surpass us in the promotion of good fellowship and scientific interest.

Adjourned.

#### FOURTH DAY.

##### General Session.

Afternoon of May 16, 1912, Eastman Hotel. Called to order 2 p. m. by Dr. Morgan Smith, a quorum being found present. Dr. Warren offered the following amendment:

Amendment to Section 5, Chapter V, of the by-laws: In addition to the section as it stands, the following shall be added: "No member shall be

eligible to any office of this society who is not in attendance at the meeting at which the election is held."

Adopted.

Dr. Warren (Black Rock) offered the following resolution, which was unanimously adopted:

"Be it Resolved, To amend Section 11 of Chapter IX of the by-laws to read as follows: 'Section 11. At a meeting on the second Tuesday of December of each year each county society shall elect its officers and a delegate or delegates,' etc."

Dr. Warren (Black Rock) offered the following resolution, which was adopted:

"Be it Resolved, That Section 2 of Article IX of the constitution be amended to read as follows (following first sentence): 'The terms of the councilors shall be for three years, those first elected serving one, two and three years, as may be arranged, so that after the first year three councilors shall be elected, after the second year three, and after the third year four, each to serve three years from his election.'"

Dr. Warren offered the following resolution, which was adopted:

"Be it Resolved, That Section 5 of Chapter IX of the by-laws be amended to read as follows: 'Section 5. (Following first paragraph of section.) Undergraduates possessing the other qualifications of membership may become members of the county society by complying with the following requirements:

"They shall apply to the president and secretary of their county society for membership. This application to be accompanied by a certificate of good character from the citizens of the applicant's community. This application is to be sent by the secretary of the county society, with accompanying certificate of character and suitable recommendation to a Board of Censors of the Arkansas Medical Society. This application shall be passed upon by this Board of Censors and returned to the county society with suitable recommendation as to its acceptance or rejection, after which it shall take the usual course of applications of graduates by being submitted to the vote of the county society and any other requirements.

"The action of the Board of Censors is not to be mandatory, but wholly advisory, and is merely an aid to protect the county society from undesirable members.

"Members coming in under this ruling shall be entitled to all the rights and privileges of all other members in both State and county societies, except that of holding office in the State Council."

Dr. Ogden (Little Rock) offered the following resolution, which was adopted:

"Resolved, That this society keenly appreciates the visit of Dr. W. A. Evans of Chicago and the great argument delivered to the people on the Owens Bill and the public health movement.

"Resolved, That a copy of this resolution be conveyed to Dr. Evans by the secretary."

Dr. Ogden (Little Rock) offered the following resolution, which was adopted:

"Resolved, That our thanks be extended to the Hot Spring-Garland County Medical Society for the splendid arrangements provided for the entertainment of the members of this society; to the Arrangements Committee for their untiring efforts on behalf of the successful conclusion of this meeting; to the Hot Springs Sentinel-Record and the Daily Era for their very accurate, and extended reports of the session; to the Hon. H. H. Myers and other splendid citizens of Hot Springs who extended so many general courtesies to our members and contributed to the social enjoyment and pleasure of the members.

"Resolved, That a copy of this resolution, appropriately inscribed, be conveyed to those above mentioned, by the secretary of this society."

Dr. Warren (Black Rock) offered the following resolution, which was adopted:

"Resolved, That we endorse the Owens Bill, and that the secretary of this society be instructed to urge our representatives in Congress to support the same."

The Chair: I am sure that it is a matter of great gratification to learn that the Arkansas Medical Society has conferred a long-merited honor upon one of its members who has always manifested a great interest in its success and who has contributed as much, if not more, than any other individual to its present high state of efficiency. This society has acquitted itself with distinct honor by choosing as its presiding officer for the ensuing year Dr. E. R. Dibrell of Little Rock, whom I take great pleasure in introducing to you. (Applause.)

Dr. Dibrell: Gentlemen—I can hardly express my gratification at having had so signal an honor conferred upon me. I can hardly realize the fact that I have been elected president. Having reached the zenith of life, there is nothing to look forward to, no other fields to win, no other battles to fight. So far as my professional brethren are concerned, there is nothing more they can do to express their appreciation. However, I do not wish to be put in the category of the sluggard. Having achieved so high a position, I desire to be more active in the future than I have been in the past. I admit that the flattering terms which our president, Dr. Smith, used relative to me I do not deserve. I believe them to be more poetical than real.

I would like to suggest, if I may offer a few words of advice to the gentlemen who have charge of the different sections, that they go to work now, using their best endeavors within the next year to have a program for the meeting in Little Rock that will rival the goodly papers that have been read at this meeting. In looking through the program and observing the title of papers to be read and the work that had been done, I was impressed with the belief that this was probably the best meeting of the Arkansas Medical Society I had ever attended. But it is right that we should do better next time. We should attempt an improvement on the preceding meeting in regard to good work.

So I would suggest to the chairmen of sections to whom is due the credit, that they write an invitation to the profession earlier than has been done in the past. These men should be selected many months before the meeting, instead of a few weeks. It has been my fortune

at times to receive a letter from the chairman of a section, requesting me to prepare a paper. He had forgotten or delayed the matter, as most of us are prone to do, until it was too late for me to get up a creditable article.

I wish finally to say that I certainly do appreciate the compliment of having been selected as your presiding officer for the coming year. (Applause.)

Dr. Hilton: As chairman of the Council, I wish to offer a motion that the chair appoint a committee of one, or two, or more as he feels is necessary, to draft a proper resolution offering a reward of five hundred dollars for the apprehension and conviction of the party, or parties, who took, stole or did away with the bill that was passed by the legislature and never signed by the governor, creating a department of health. It does seem to me like it is a very strange misfortune that a measure of so great importance to every man, woman and child who is a citizen of Arkansas, which was worked for earnestly for one whole session of the legislature, and just at the time when it was completed and a success it was destroyed. And the strangest thing of all is, they seem to forget it. Nobody has ever said a word about it, not even the legislators that passed it.

Dr. Butler, in seconding the motion, said: I think a measure of so much importance to the State of Arkansas as that bill was should be brought back. If we cannot get it back, I would just like to know who got it. I believe the man who stole that bill can be found. Now, had the bill been enforced in these two years past, there would have been a great many people alive today who are now dead. I believe the five hundred dollars would be nothing. I would be glad if I could make it five thousand dollars; and not only that, I think we ought to make preparation to prosecute the man who stole that bill and put him behind the bars, so that he will never steal another!

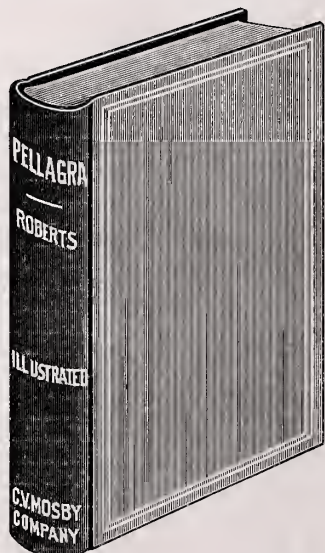
The Chair: There is no use to debate this. We all know what it is. We have the money, if the man or party is ever apprehended. The motion being put, it carried.

On motion of Dr. Warren the meeting adjourned at 2:55 p. m.

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### Original Articles.

#### IMPORTANCE OF EARLY DIAGNOSIS IN APPENDICAL DISTURBANCES.\*

By C. R. Shinault, M. D.,  
Little Rock, Ark.

It is my opinion the word conservation has been much abused by those self-styled, would-be, overcautious operators of bygone days, whose reprints were scattered promiscuously throughout the profession. Such led the majority of general practitioners to think that most of the surgery done was unnecessary, when, in reality, we all know there was, and is now, a world of surgery left undone which should be done—one type of which is chronic appendicitis. When I say this, I mean since the days of modern asepsis.

This undone surgery is due largely to a lack of a proper education of the majority along surgical lines. Hence, the average paper on conservative surgery had then, and has now, a tendency to make them question the sincerity of the majority of busy operators.

There is more conservatism in removing a diseased appendix than there is in waiting to see if it gives the patient further trouble, even though the past trouble, apparently, has been slight. Therefore, my construction of what constitutes conservative surgery is, first, good surgical judgment, and, second, good surgery where your better judgment suggests it. One must be able to make a diagnosis, weigh the condition of the patient and his surroundings.

Taking it for granted everything is favorable, and you find a localized, slight soreness upon deep pressure, which has been continuous over McBurney's point for a time and where you can exclude typhoid fever, this would justify an exploratory incision with a view of correcting what you may find wrong. Nine times out of ten in the male you will find a diseased appendix. If, however, it is something else in the male or female, correct it if it is possible. The type of cases I refer to is not those with a history of appendical colic and elevation of temperature, for nowadays any physician should be able to make a diagnosis with the symptoms accompanying a "stormy period." I mean by a stormy period a period in which most all the symptoms laid down in a textbook are present. One symptom of which being absent, in bygone days, caused many

\*Read in the Section on Surgery of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

of the profession, in an effort to be conservative, to wait for further developments. If a patient survived one of these stormy periods, the usual advice was: "If he has another attack, have his appendix removed." Later, if he survived such an attack, the advice was, and is now, by the majority of the profession, to not wait for the second attack, but have it removed during the interval. This latter advice is what I consider of some merit from a conservative standpoint, for it is not in every case we are able to see the patient early enough in the stormy period to advise immediate surgical intervention. But the type of cases I wish to refer to is that type antedating any history of an acute attack whereby the two predominating symptoms stand out like raised letters, namely, the colic and the elevation of temperature; for it is during one of these upheavals that the appendix explodes.

The natives residing within a certain radius of Mount Vesuvius pay very little attention to the old sister while she sits calmly and smokes the pipe of peace, but when they see her begin to draw hard on the stem and curl the smoke unusually high and occasionally dash an extra pipe of ashes down the sides of her skirts, they begin to prepare to take to tall timber before they are lassoed by one of her ropes of lava, as was the case when she turned a whole painful on the city of Pompeii when they failed to take cognizance of one of her early menstrual periods.

One who carries a continual deep soreness over McBurney's point, whether with or without a history of any other past or present symptom, should feel equally as apprehensive as the people above described who are accustomed to hanging around the skirts and playing with the apron strings of old Sister Vesuvius.

Isn't it a fact you oftentimes operate, say, for fibroids, cystic tumors, etc., and run up on a "nigger in the wood-pile" in the way of a loaded appendix, loaded with feces or fecal concretions, and in many such cases with no history of colic? Then why should we wait for colic and elevation of temperature to make a diagnosis when you are looking your patient over and happen to run upon these remote but most reliable symptoms, such as that "dull soreness" over McBurney's point, a dull feeling, especially upon rising, accompanied with a dark brown

taste, likened unto a woodpecker's nest, and a chronic constipation and most especially that train of symptoms commonly known under the term, chronic indigestion.

Then is it more conservative to wait in such cases, and in the meantime give your patient at intervals ten or twenty grains of calomel for that coated tongue plus the constipation, which is oftentimes done, and take chances on causing an explosion of the appendix thereby, or to get your patient in shape and yourself in shape and operate? Some might say, no doctor, knowing the patient had a diseased appendix, would give ten or twenty grains of calomel nowadays. Maybe not, and say they would not, the patient is a free agent to browse at will, and if he cannot get calomel, would as soon have a Bond's pill. Under modern asepsis, modern anesthesia and modern technic, with good surgical judgment and a fit patient from other points of view, it is conservatism not to wait for even the first stormy period.

#### DISCUSSION.

Dr. Cox (Helena)—This subject has been before us a great many times in the past, and it is a most important subject. Dr. Shinault has covered the ground very thoroughly, and the doctrine that he has advanced is unquestionably correct. Practically all of us can testify to that effect. We have had the experience that by acting quickly we save lives. The operation is simple, and the mortality practically nil. The subject is so well settled already that there is certainly a unity of opinion. Prompt action and proper action puts us on safe ground.

Dr. Barlow (Dermott)—I want to thank the doctor for his paper, and report a case I had a short time ago, which is so closely allied to the point brought out by Dr. Shinault in his paper. This patient was a lady, forty-three years old, who had sustained a laceration of the cervix and perineum seventeen years ago. The only symptom complained of was headache, which occurred about once a week. She gave no history of ever having had an abdominal pain or jaundice. I was unable to elicit any pain or anything abnormal with her abdomen. On examination of her pelvis I found a retro-flexed uterus with a large cervical tear, also a lacerated perineum. My conclusions were that her headache was the result of displaced uterus and cervical tear. I advised an operation for the repair of these structures, to which she consented. After repairing the cervix and perineum, I opened the abdomen to suspend the uterus. On the left side I discovered a cystic degenerated ovary, which I removed together with the tube of that side. I then examined the appendix, which was large and angry looking and contained several concretions and fecal matter. This I removed, and then explored the gall-bladder, which contained a stone as large as an agate. This stone was removed and the patient made an uneventful recovery.

I believe now that the diseased appendix and gall-stone were the big factors in producing her headache. Although there had never been any manifestations of their being diseased.

Dr. John (Pine Bluff)—There is one thing I have not heard mentioned in connection with appendicitis. When a typical case is accompanied with pain on the left side. I have seen three such cases in the last three months, one by the courtesy of Dr. Brooksher of Fort Smith, in which case I am not sure about a previous attack, and two in my own practice, both with history of previous attacks. All these cases had considerable distention of the abdomen. They persistently declined an operation because the pain was on the left side. On opening the abdomen, however, we found very complicated cases with tumor and localized peritonitis from previous attacks.

Dr. Kirby (Little Rock)—There are conditions affecting the structures in the right iliac fossa that produce the same symptoms as given in the doctor's paper, and yet are from an entirely different source than that of appendicial origin. For some time past pathologic conditions producing the symptoms given were attributed to the appendix, but time and research have cleared this error of giving it this importance, when in fact it was a very slight or no determining factor in the disease. Today the many conditions found in this region are clearly recognized and classified as entirely separate entities, even although they may give the same group of symptoms. Some of the conditions recognized today are the adhesions of the cecum and colon ascendens, mobile cecum, membranous pericolicitis and cecal ulcers. Any of these might easily be mistaken if the group of symptoms given is to serve as a guide.

I cannot believe that such a diagnosis should be made from the symptoms given, and I know that many cases as diagnosed and operated on in the past when the small incision was made were not benefited by the operation, and a secondary operation of the exploratory variety disclosed the true condition. In the legacy of man there have been rudimentary and practically useless organs handed down. The large intestine has been placed in this category by some; and reviewing the function of it, there is ground for such argument, for practically its only purpose is to absorb water. Its cecum and colon ascendens serves as a dumping ground for a mixture of feces and bacteria, and it is most reasonable to suppose that under certain conditions there will result an infection of the gut or even of the surrounding structures without the appendix being primarily involved, and, being in this region, symptoms identically the same as those given by the doctor would be produced. Some investigations have shown that there are germs that produce inflammatory pneumonia in this region, they being of the anaerobic variety usually, and the appendix be found normal. The adhesions and inflammatory pneumonia affecting the cecum and colon ascendens being due to these bacteria and the inflammatory trouble and symptoms from the same cause.

Dr. Amis (Fort Smith)—I am, as a general practitioner, always interested in appendicitis. There is but one consideration for all cases of appendicitis, and that is the surgical consideration. There is no such thing as medical treatment of a purely surgical condition, and the man that waits, the man that is dilatory, the man that is trying to dodge an operation, is the man that buries his patients. One thing about appendicitis is that no man can tell by the severity of the symptoms the degree of the disease you will find when you open the abdomen.

It has been my good fortune in the last few years to be associated with some of our best men in abdominal work. How frequently it occurs that what we would say was a light attack of appendicitis; a man with a moderate degree of pain,

little or no fever, some nausea or perhaps some vomiting, but enough of the symptoms to make a case of appendicitis against him, as the lawyers would say. You put him on the table and open the abdomen and find the whole of the appendix gangrenous, and with sometimes an area around the region of the appendix that was dark and gangrenous and almost ready to perforate. This is not an overdrawn picture, but will accord with the experience of every practitioner who observes his cases. The conservative man is the man that does. The radical man, the dangerous man, is the man that holds his hands, the man that stands still. I have no patience with a man who is giving salts and other stuff treating appendicitis. I would as lief a man would come to me and say, "I want to treat your broken arm with medicine," as to say, "I want to treat your appendicitis with medicine." He cannot do it; that's all there is to it. The only thing to do is to call the surgeon. It is a surgical condition. Follow the surgeon, support him, and see that you give him the loyal support that he needs in your cases, as internal medicine men should do. I believe that so thoroughly that I act on it on my own children, and I think that is the only safe method of procedure.

So the man that has constantly recurring indigestion, that indigestion is a symptom. There is something there. The man with a constantly recurring indigestion or tenderness in the region of the appendix, he has got it there. The cause of his indigestion is in the appendix. He had not noticed it until you had asked him about it. You remove his appendix, and you cure that indigestion. You remove his appendix, and he is well, he is strong, he is robust.

There are hundreds of boys in the schools, young people, that cannot take athletics. They are lazy, and cannot go about and do what they ought to do. They do not develop like they ought to; they do not progress in school like they ought to. Some fellow sees over there a boy not doing what he ought to. If you interrogate him you will find that he cannot eat, he cannot do his work at night, he cannot keep up with his class, for this, that and the other reason, but mainly because he has indigestion. You ask him if he has anything else. He says, "Yes, I have constipation. I have a tender place over here in the right side of my abdomen. When I walk it hurts me." You had better send him to the surgeon, and say, "Mr. Surgeon, I am ready to go with you through this case." That is the way I look at it, and this is the course I pursue with my patients.

Dr. Brooksher (Fort Smith)—I do not desire to discuss the question of operation and nonoperation of appendicitis, because that is perfectly clear. There is a point or two I do not think was made perfectly clear, at least I did not get it in the paper. I do not think it is safe every time to immediately conclude that a patient has appendicitis because he has a tender area in the region of McBurney's point. Perhaps in a large majority of instances, if there is a continuous pain there together with some other symptoms, you would probably have appendicitis; but there are some other things that might give rise to that pain, and it will be well to be on your lookout. For instance, one of them is a nephritic or uretal stone. I have seen cases operated on for appendicitis. I do not know whether the patient had appendicitis or not. Perhaps he did have it, but I do know that he had, after the operation for appendicitis, an acute attack of nephritic colic, with the bloody urine and all the other symptoms of nephritic calculus. So that, when you have a patient with pain on the right side at McBurney's

point, together with digestive disturbances perhaps, be sure first you eliminate, without you have a very defined case, stone in the kidneys or in the ureter.

Another thing, some disturbances of the gall-bladder give reflex pains down in the region of the appendix. There is another class of cases which we often meet in women and even men, old neurasthenics with chronic constipation, who from congestion or some other cause have a pain located in the region of the appendix and have all the symptoms of appendicitis, and they have these symptoms down pat. Those are the three cases especially that you want to eliminate. Rare cases, you will say, but they do occur. So, we cannot be too careful in eliminating other disturbances besides those of the appendix.

Dr. Shinault (Little Rock)—It is growing late, therefore, I shall not take up much more of your time. I wish to thank those who have condescended to discuss my paper. However, the majority did not seem to catch the one point I endeavored to bring out, which was to make a diagnosis prior to any of the more prominent symptoms that usually guide us in determining an appendicular trouble. One doctor stated that in making a diagnosis of appendicitis that he had to exclude renal colic and many other things. This is true where there has been a "stormy period." So, in a way, this doctor "flew" the track, for in early appendicular disturbances, that is, in the majority of cases, I dare say, there exists none of the prominent symptoms which suggest the immediate attention of the doctor. Since this is the case, we owe it to our patient, when the opportunity presents itself, to make a diagnosis prior to any such symptoms present or past and advise removal of the appendix when the disturbance is, in reality, in its incipient stage. When you find pain on deep pressure over McBurney's point with repeated examinations and which you do not find elsewhere, you may look out for a "nigger in the wood-pile." I claim this is sufficient to justify an exploratory incision, whether male or female, in that type of humanity oftentimes referred to as walking apothecaries.

#### CHAIRMAN'S ADDRESS, SECTION ON MEDICINE.\*

By Howard P. Collings, M. D.,  
Hot Springs, Ark.

Gentlemen of the Medical Section:

We have a good, generous program for this section, covering pretty well the field of medicine, and the chair wishes to take advantage of this opportunity on behalf of the secretary and himself to thank the gentlemen who have so generously responded to their call for papers. We have three papers by eminent men from without the state, and I wish especially to thank them for giving their time and attention for the betterment of medical practice in Arkansas.

Rather than attempt to cover the field of

progress made in medicine since our last meeting, I shall confine my remarks to certain lines upon which I have been working, trusting that a greater familiarity will be evinced by choosing a smaller field for my address.

For several years I have been impressed with certain lines of symptoms in many patients arriving at Hot Springs, the principal features being uneasiness and fullness in the abdomen, pain in back of head and neck, pain, soreness and stiffness in lumbar region, loss of energy and feeling of lassitude, constipated, nervous, irritable, inability to sleep well. The accompanying physical signs are excessive intestinal gas, coated tongue, irregular heart action, and often albumin in the urine, all pointing to auto-intoxication, or poisoning of the patient's own organism by the products of its own faulty metabolism.

In order to determine certain points more definitely, and to prove or disprove the above assertion, I have tabulated 327 cases on whom I have made upwards of 800 blood pressure tests. Some of these were, of course, tested many times, and others only once.

In this study I have been able to prove, to my own satisfaction, at least, a decided relationship between auto-intoxication and increased blood pressure. I have also noted very frequently indeed, but which I shall only mention in passing, the relationship of auto-intoxication to temporary albuminuria as well. Should this latter relationship be true, with a continued absorption of indol, skatol and other poisonous products of decomposition from the intestinal tract to be eliminated as such, or as a modified product, by the kidneys, and these organs are temporarily irritated to an extent that albumin is produced, why will not a long continued irritation of this sort produce a permanently inflamed and crippled kidney? Beer and alcohol are given as causes of chronic Bright's disease, to which I would add that the overindulgence in proteid foods, a desire for which has been increased by the taking of alcohol before or with the meals, leaves an excess in the intestinal tract to be fought over by germs of decomposition, and that the absorption of the products of this decomposition plays a large part in its causation directly, while the alcohol may be the indirect cause.

\*Chairman's address to the Section on Medicine of the Thirty-sixth Annual Session of the Arkansas Medical Society, held at Hot Springs, May 13-16, 1912.

The auto-intoxication cases were especially interesting to watch because results were usually so satisfactory. Patients coming to the Springs for the benefit of their health will, as a rule, obey instructions more carefully than they will at home. Business cares and worry are at a minimum, and quick results are uppermost in the patient's mind. Attention to diet is necessary, which they follow as best they can. They will drink the water prescribed in the quantity and at the hours designated, usually with painstaking accuracy. They must bathe as instructed to obtain results, so, as a rule, unless the memory of the bath attendant lapses, we have no trouble from that source. With a patient thus well in hand, a fairly high blood pressure, say 170 to 190, when due to auto-intoxication, is reduced by attention being given to intestinal antisepsis, in addition to diet and water, in a comparatively short time. It does not make a sudden drop to normal, but the result is gradual, conditions all being favorable. During the progress of this reduction, however, a heavy meal, consisting largely of meat, will be followed by an increased amount of intestinal gas, and will invariably show a temporary relapse.

I find very little reference to this special cause of increased blood pressure in literature. Hiatt<sup>1</sup> gives as his belief that the nosis, New York, April, 1911.) cause lies in the action of these poisons in the intestinal tract on the vasoconstrictor nerves, first affecting the portal vessels and then a general reaction follows, owing to the connection of the nerves supplying these vessels. An efferent impulse from the reflex centers in the spinal cord being sent out to the entire vascular system, the heart-beat is accelerated, and this, together with an increased peripheral resistance, will cause a more forceful beat and a resultant higher arterial pressure.

In the study of these cases I first tabulated the entire number under the following headings: First, age; second, whether male or female; third, temporary albuminurics; fourth, persistent albuminurics; fifth, blood pressure at beginning of treatment; sixth, as to whether the blood pressure reduced favorably, and seventh, those in whom the blood pressure reduced practically none. From this list I then tabulated all cases,

male and female, separately, giving the blood pressure and grouping those of the same age under proper headings. I then selected the auto-intoxication cases, male and female, separately, and in the same way the cases due to arterio-sclerosis and kidney disease. By grouping these findings and still further condensing to averages, I am able to present the findings in a very brief form.

#### BLOOD PRESSURE AT BEGINNING OF TREATMENT.

Table No. 1.—Males.

Ages.	Average Blood Pressure.	No. Cases.
18-30.....	143.5	7
30-40.....	140.7	21
40-50.....	139	65
50-60.....	149	49
60-78.....	143	28

Total No. cases, 170.

Table No. 2.—Females.

Ages.	Average Blood Pressure.	No. Cases.
15-30.....	120.5	23
30-40.....	121	25
40-50.....	135	52
50-60.....	156.7	38
60-85.....	159	19

Total No. cases, 157.

#### CASES OF AUTO-INTOXICATION.

Table No. 3.—Males.

Ages.	Average Blood Pressure Before Treatment.	Average Blood Pressure After Treatment.	No. Cases.
25-45	174.5	139	10
45-55	170	141	16
55-72	173	135	5

Total No. cases, 31.

Table No. 4.—Females.

Ages.	Average Blood Pressure Before Treatment.	Average Blood Pressure After Treatment.	No. Cases.
25-45	173	126	9
45-55	166	136	14
55-69	182	142	14

Total No. cases, 37.

#### CASES DUE PARTIALLY TO AUTO-INTOXICATION, BUT PRINCIPALLY TO ARTERIO-SCLEROSIS AND KIDNEY DISEASE.

Table No. 5.—Males.

Ages.	Average Blood Pressure Before Treatment.	Average Blood Pressure After Treatment.	No. Cases.
25-45	178	152	4
45-68	187	177	17

Total No. cases, 21.

1. Hiatt. "Causation of High Blood Pressure in Cases of Auto-Intoxication." (Archives of Diag-

Table No. 6.—Females.

Ages.	Average Blood Pressure Before Treatment.	Average Blood Pressure After Treatment.	No. Cases.
42-51	227	198	4
58-68	187	169	8

Total No. cases, 12.

I would say that in making these tests great care was used in making systolic readings, and, while the findings are not in accord with those obtained in health, they are as we secured them in patients as they came to the office for treatment. The test was not made as a routine procedure in all visitors presenting themselves, but only those in whom, after physical examination was made, it was thought a test of this kind might be of value in the way of rendering relief.

In Table No. 1, in the first group from 18 to 30 years, the average is quite high, owing to two cases whose ages were 25 having, respectively, 210-mm. and 190-mm. readings. The other groups of this table show a more natural relationship.

In Table No. 2 there is a gradual increase with age in keeping with the general rule, but in each group there were scattered many high readings. In the last group of this table from 60 to 85 years, there was only one case above the age of 69.

Tables Nos. 3 and 4 contain data of most interest. There are 37 females and 31 males, and, as there are 170 male and 157 female cases to select from, it shows a decided percentage in favor of the females towards high pressure due to auto-intoxication, approximately making 23.5 per cent female and 18 per cent male. It is well worthy of notice that in both these tables the pressure readings returned to practically normal averages for their respective ages.

Even Tables Nos. 4 and 5 show the effect of closely following certain lines of diet, attention to intestinal antisepsis and the proper usage of radio-active waters. While this group was not reduced to an extent to even approach normal, yet the fact remains that they were reduced an appreciable amount.

There seems to be a prevailing impression among the medical fraternity that it is dangerous for the hypertension patient to bathe in the waters here, and this is true unless it is done carefully. By beginning with the full appreciation of the effect of the water upon a hypersensitive organism, due to this

overtension, the relaxing influence is soon felt by the patient.

#### CONCLUSIONS.

1. A large percentage of health-seekers visiting a resort of this kind have an increased blood pressure upon arrival.

2. The larger proportion of those suffering from this condition is due to auto-intoxication.

3. The greater number of those with high blood pressure due to auto-intoxication are women.

4. Diet largely of meat and sweetmeats, lack of exercise; the drinking of insufficient water and constipation are the prominent predisposing causative features to be corrected.

5. High blood pressure due to auto-intoxication is curable.

#### THE DUTY OF PHYSICIANS TO TEACH MOTHERS.\*

By William Crutcher, M. D.,  
Pine Bluff, Ark.

The progress of the world during the past century is so remarkable that many scholars say it exceeds that of all other centuries combined. We need only to give casual retrospect to see the great advance in our own times. Discoveries and inventions have been followed by utilities based on them until this earth is a much better place to live in than our forefathers enjoyed. This is especially true of the scientific discoveries that affect our calling. Hygiene is based on exact knowledge; sickness has been much reduced; the span of life has been greatly prolonged. In one respect, however, progress has not kept pace with knowledge; namely, in the rearing of children.

There are those who contend that scientific principles may be applied to every duty and every problem. There are text-books on scientific management, and even the size of the laborer's shovel has been studied with a view to reducing his work and increasing his output. And if this idea has produced such great results, is it not possible to apply it to the most important work in all the world? Let us accept as a text the statement of Holmes, that "the training of a

\*Chairman's address to the Section on Diseases of Children of the Thirty-sixth Annual Session of the Arkansas Medical Society, held at Hot Springs, May 13-16, 1912.

child should begin a hundred years before he is born." We are here powerless. We must turn over the first part of the problem to the students of Eugenics and to a wiser set of legislators than we have hitherto secured. We must accept children as we find them, and no two, even of the same family, are exactly alike. Do I advocate schools for mothers? Why not, if it be possible to establish them? But is it possible? The idea has been tried in the cities, though there the great work has been done by the visiting nurse, the angel of the slums.

In the educational uplift of recent years, schools have been established for almost every purpose. There are schools of cooking, of dancing, of hair curling, of embroidery and of manicuring. But there is no school that teaches our girls the elements of housewifery or the facts and duties of motherhood. In *Good Housekeeping* for April there is an excellent article on "The Profession of Marriage." Practically every girl enters that profession, and enters it unequipped. She must learn the business after she goes into it, and it cannot be taught by correspondence. The teaching must be individual, and it is here that the physician finds his field. The girl will have, perhaps, the wise counsel of a mother or grandmother, but she will be beset by thousands of notions and superstitions from aunts, gossips and granny-women. I beg to digress here to say that of all the survivals from the dark ages, the most infernal is the officious granny-woman.

It has not been three weeks since I found a young mother in distress because the nurse had found five knots on the cord, which meant five more babies; and they were close together, too. And this same woman, with profound contempt for the wisdom of God Almighty, converted a small hematoma over the parietal bone into an immense one in discharging a duty she never neglected—to shape the baby's head.

There is a vast field for our endeavors in this direction, but the duty is a hard one and the work must be constant. Thousands of notions and superstitions hedge about the pregnant woman and the lying-in room. There is the supposed connection of the moon with the date of confinement and the general belief that nearly all babies are born at night. More than half of mine have been born in broad daylight, and in sixteen years' work I have failed to observe the

influence of the moon on any part of reproduction. And then consider such notions as that the shape of the abdomen determines the sex; that the pregnant woman must not, under any circumstances, raise her hands above her head, for fear of wrapping the cord about the child's neck; that the young mother must not drink sweet milk or eat fish, or any wild meat. One of the brightest faces I have seen was that of a young mother who had an intense prejudice against frog legs, but who had brought to her, on the second day, a superb dish of supposed fried chicken.

There is a belief prevalent among people of all degrees of intelligence—even, I regret to say, among some physicians—that an eight months baby never lives, but that a seven months baby has a fair chance for life. Nothing could be more unreasonable, and yet I fear that we shall not entirely obliterate this belief until we establish, for convenience sake, the five months baby that always lives. Could we inculcate this idea to the point of general acceptance, it would cover more sins than charity. The difficulty about eradicating these notions and a thousand others equally vicious is that people do not think.

Permit me to quote in this connection the distinguished president of Columbia University, Nicholas Murray Butler. After a tirade against the "shallow, unqualified, half-baked horde" who are letting loose on the land a torrent of talk in advocacy of reforms, springing from no need and growing out of no experience, and who are preaching new thought without having learned to think, he proceeds to say:

"Knowledge has come on our people in veritably cyclonic measure, while wisdom has emulated the snail in its progress. The marvelous last half-century of science has made absolutely no impression on the thinking habit. Science has destroyed many prepossessions and not a few beliefs; but it has not yet taught mankind to think."

In spite of the difficulties, our duty is plain, to keep eternally at it. And there is much we may do. I shall mention a few of the things we should teach young mothers. Your own experience will suggest many others.

The most important thing for young mothers to learn is proper feeding. Babies should be nursed regularly. They should not nurse at night, except a 1 o'clock nurs-

ing during the first two or three weeks. They should not be allowed to go to sleep while at the breast. No baby should be rocked to sleep, and no child of any age, if well, should ever be awakened for any purpose, except to establish regularity in feeding. The mother should be told when to begin soft food and what to give. And just here we are likely to meet with warm opposition from experienced grandmothers. One such, who confessed to me afterward that she had raised only six of her thirteen children, killed a magnificent six months baby with a mess of field peas. But even the death and my own vigorous efforts did not persuade her that babies should not be fed whatever their mother ate, in order to avoid colic. Most of the colic I have seen has been due to tight bands. This is another relic of the dark ages. I believe I have offended more grandmothers by throwing bands into the fire than by all other things put together. God intended babies to be as free in the movement of their abdomens as in that of their limbs. How long are we to listen to the ancient song that babies must wear bands and must not be allowed to cry for fear of a rupture? You may throw a baby without the hernial tendency fifty feet, and, though you break its neck, you will not rupture it. It will be a great day when the facts are universally accepted that babies ought to cry for the sake of their lungs and capillaries, and that ruptured babies are born ruptured. We can teach mothers to watch the stools and what to look for, the meaning of the frequent passage of colorless urine, the desirability of circumcising boy babies with tight foreskins, the safety of certain methods of reducing fever and the danger of others, that vomiting, though not always serious, is always an important symptom in childhood. Some mothers learn readily to make a casual examination of the throat and to handle the fever thermometer without an attack of hysterics when they find the temperature subnormal or very high. Some even grasp the meaning of fever and the fact that what physicians are always after is the underlying cause.

Now, there are a thousand things we may teach mothers, and it is not my purpose to recite them. I only wish to urge my colleagues to use every opportunity to inculcate sound doctrines and to destroy superstition and habits that are followed without

reason. The moral and intellectual training of children is largely beyond our influence. This must be left to the wisdom of the father and mother, the instruction of good teachers and the friction of the playground.

But there is one moral quality that directly affects our work, and that is, moreover, the greatest factor for success or failure in life—namely, self-control. The spoiled, willful child or the one who has been scared about the doctor is exasperating, and the mother of such a child often inspires disgust. I recall that after explaining to a six-year-old why and how I was going to administer anti-toxin, and after gaining his entire confidence, the mother almost wrecked a smooth performance by running from the room, screaming and wringing her hands. The cure of this evil carries us back to Holmes' dictum; but if ever it be possible to insinuate a diplomatic word on the subject, we should not miss the chance.

To teach mothers requires a thorough knowledge of our profession, a high sense of duty and the greatest patience. An old practitioner, for whom I have the highest respect, once chided me for paying long calls, saying: "Get in and get out; they ask too many questions." But there are many things people have a right to know; and if we only quiet their fears and inspire their confidence, the game is worth the candle. Let us, above all, teach mothers and other people as well that the doctor is their faithful friend, and that whenever they are in doubt they should play trumps by sending for him.

#### CHAIRMAN'S ADDRESS, SECTION ON DERMATOLOGY AND SYPH- ILOLOGY.\*

By William R. Bathurst, M. D.,  
Little Rock.

Gentlemen of the Arkansas Medical Society:

I wish to express the high appreciation I have of the honor conferred on me to preside over the deliberations of this section in Hot Springs, well called the "Mecca of Resorts," and a city which has borne her share nobly in upholding all that is best in medical organization. If it were not for doing violence to a time-honored custom, I

\*Read before the Section on Dermatology and Syphilology of the Thirty-sixth Annual Session of the Arkansas Medical Society, held at Hot Springs, May 13-16, 1912.

should feel inclined to omit my address and go directly into the very excellent program which will engage our section this afternoon. However, I will make mention of the progress that is being made in dermatology and syphilology.

#### PHYSICAL AGENTS IN THE TREATMENT OF SKIN DISEASES.

In the treatment of cutaneous diseases it seems superfluous to mention the benefits of the Roentgen treatment, the effects of Curie's discovery, or the action of concentrated actinic light as described by Finsen. Not much new can be added to what has become known by demonstration, but it is not disputed that they remain extremely valuable therapeutic adjuncts in our specialty. High-frequency electricity had a certain vogue for a time, but it is now generally recognized that its sphere is limited.

The latest measure to which I wish to call your attention is the application of extreme cold. Liquid air was used at first, and some remarkable results have been reported of its use in the treatment of some forms of nevus. Its use was restricted, however, by the difficulty of obtaining it and the greater difficulty of preserving it. This led to Dr. Pusey's introduction of carbonic acid snow, which is a simple agent, quite manageable, and affording excellent results in nevi of limited dimensions and in some forms of cutaneous diseases. It is notably useful in treating lupus erythematosus; in fact, better results have been obtained from it than any other method of treatment.

#### VACCINE THERAPY.

Vaccine therapy promises to put the treatment of many diseases of the skin on a thoroughly scientific basis. This is to a great extent dependent, however, on our knowledge of pathology. It has proved especially valuable in the treatment of furunculosis, carbunculosis, and sometimes in acne, septic ulcers and lupus vulgaris.

#### SYPHILIS.

In reference to syphilis, final proof has been established that the causative agent is the spirocheta pallida (*treponema pallidum*). For this discovery we are indebted to Schaudinn and Hoffman, who announced it in 1905. Confirming this discovery, both Hoffman and Noguchi have been able to obtain pure cultures of this organism. The

name luetin is proposed by Noguchi for an emulsion or extract of pure cultures of spirocheta pallida, which is designed to be employed for obtaining in suitable cases a specific cutaneous reaction. It is still in the experimental stage, but it may become a valuable diagnostic sign in certain stages or forms of syphilitic infection.

The Wassermann and Noguchi serum test, although not perfect and perhaps to be improved upon in the future, are at the present moment the best indication as to whether a patient is suffering from syphilis.

#### SALVARSAN.

It has long been the desire of the profession to find a remedy for syphilis in cases where mercury and the iodides are ineffective. Opinion is not unanimous, but many eminent authorities agree that such a specific remedy has been found by Prof. Paul Ehrlich of Frankfurt, Germany, in one of the most wonderful discoveries in medicine, namely, salvarsan. It is claimed for it that it is a specific for syphilis in all stages except para-syphilitic affection, such as tabes and general paralysis. And it is said to give especially favorable results in those cases not yielding to mercury and iodides. In what manner it will be possible to secure a complete and permanent negative Wasserman with salvarsan is not yet quite clear, nor what the full meaning of this finding, if obtained. It was first claimed, and still by some, that a cure in primary or secondary stages may be effected with one injection. This hopeful expectation has not been realized, nor even with several—certainly not in cases beyond the primary stage—is not surprising in a disease so persistent as syphilis in the human being.

Dr. Douglass W. Montgomery of San Francisco, who, in a paper read before the American Medical Association in June, 1911, contends that salvarsan can never become a popular remedy, unless Prof. Ehrlich contrives a modification that will be more easily administered and be less toxic. He admits its poison action on the spirocheta pallida, but points out, as others have done, that it is not free from poisonous influence on the nerves in orbit because of the arsenical base of the preparation. In early use of it many feared ill results on the optic nerve, a fear not fully justified. But he says, while attention was fixed on the possible results to the eye, the effects on the ear were over-

looked. He declares that since 606 was introduced there has been a notable increase in troubles with the vestibular apparatus in cases of early syphilis so treated. He declares that few medical men rely solely on salvarsan in treating syphilis, but use it in conjunction with mercury and iodide. The drug is an irritant and not an antiseptic, and its use by subcutaneous injection often gives rise to local necrosis. He cites cases in which no sign of healing of such ulcers were visible after three months; in some cases excision of the mass was necessary, and fatal septic infection he considers a possibility. Yet, after enumerating other objections, he pays the highest tribute to the genius of Prof. Ehrlich, but advises the patient who has taken salvarsan to take mercury and potassium iodide also.

#### PELLAGRA.

Pellagra having a dermatological significance, I wish to say that as yet we have no positive evidence to explain its origin. Yet the probabilities are in favor of its being a food poison, as the majority of the recent investigations have resulted in the same conclusions being arrived at as that reached some time ago by Prof. Lombrosa, "that in pellagra we are not dealing with a primary poison, but with an intoxication produced by poisons developed in spoiled corn through the action of certain micro-organisms in themselves harmless."

In view of the uncertainty of the etiology of pellagra, the most important medical problem occupying this field is without doubt that of establishing an early diagnosis. Without this, it is impossible to arrest or ameliorate the harmful effects of the disease. Pellagra is evidently on the increase. At least, more cases are being recognized. My advice is that when you find neurasthenic symptoms lasting several years, with progressive weakness, without obvious cause, to suspect pellagra. The neurasthenic stage appears long before the skin becomes affected. The skin lesions are most important symptoms, as no other affection presents like lesions and pigmentations. I have the opinion of Merk that the skin symptoms of pellagra alone suffice for a diagnosis, and that the cutaneous lesions possess the same

value in diagnosis as do those of scarlatina, measles, variola and varicella, in the respective diagnoses of these diseases.

#### SEBORRHOEA.

I next wish to call your attention to the dangers developing from seborrhoea, and, in line with the popular movement to abolish the common drinking cup and towel, I wish to condemn the hair brush, particularly in barber shops, hairdressing parlors, public toilet rooms, in hotels, trains, etc.

The form of seborrhoea popularly known as dandruff is of microbic origin, and may develop on a perfectly healthy scalp in three days after infection. From this inflammatory complications may develop the disease known as seborrhoeic dermatitis, which may spread to the face and many parts of the body. It closely resembles psoriasis at times, and some authorities consider psoriasis as a dry form of seborrhoea. Seborrhoea causes baldness, and has much to do with the affections of the sebaceous glands of the face, and causes the bad complexions with which you are familiar—e. g., acne, comedones, rosacea, etc., as well as a more serious condition, that of senile seborrhoea or senile keratosis, beginning about the face with a slight pigmentation. Later it is covered with a scale, which increases in thickness and in area, and finally develops into an epithelioma. In addition, I could mention many other affections evidently due to the constant irritation of the skin, produced by the accumulation of the scales and organism of seborrhoea. By giving the scalp more attention, and avoiding infection from the hair brush, many such conditions could be prevented.

#### CLINICAL MATERIAL.

At the close of this section I will present a few cases for your inspection. Time will not permit any long description, but from this clinic I feel sure that you will agree with me that it will prove of sufficient interest to have a general medical clinic at the close of every year's session.

In conclusion, I wish to thank those who have contributed papers, and to the members of this county society who have assisted me in making possible the clinic at this meeting.

## CLIMATE IN TUBERCULOSIS.\*

By J. S. Shibley, M. D.,  
Superintendent Arkansas Tuberculosis  
Sanatorium,  
Booneville, Ark.

That climate is best for the treatment of tuberculosis in which the treatment can be best carried out. The treatment is of paramount importance. I do not mean to deny the beneficial effect of suitable climatic conditions, but to affirm that the proper treatment of the patient is the chief desideratum, and that a particular climate is good in so far as it lends itself to the efficient application of the hygienic and dietetic principles that underlie the cure of tuberculosis. These may be stated as, first, rest; second, fresh air; third, light; fourth, good food; fifth, cleanliness; sixth, regulated living.

First. Rest.—The fever of early tuberculosis with its attendant loss of appetite, deranged digestion, loss of weight and diminished strength is caused by the absorption into the blood of the toxins from the tubercle bacilli growing in the tuberculous lesions in the patient's body. At the very time the patient needs abundance of good, rich blood to combat the invading bacilli, his blood is starved by lack of appetite and by faulty digestion. The most important indication, at this time, is rest in the horizontal posture. Absolute rest, by lessening the rapidity of the circulation, lessens to a great degree the absorption of tuberculous toxins, and hence reduces fever and promotes appetite and digestion, replenishes the blood, which in turn nourishes the tissues, thus enabling them to resist the infection. If the subjects of incipient tuberculosis would go to bed in their own homes, and stay there till free from fever, a large majority of them would get well without any other treatment except plenty of good food. Very many lives are needlessly sacrificed, by the fatigue of travel incident to going away in search of health, when they could find it at home, if they only knew the benefits of rest in tuberculosis. It is wonderful how the fever will subside, appetite and digestion improve, and the patient gain in flesh and strength, with corresponding improvement in the signs and symptoms of his disease, under the influence

of absolute rest. Rest, not travel, is what the patient needs.

Second and Third. Fresh air and light may be considered together, since both are secured by outdoor life. A wide south porch, screened for protection from flies and mosquitoes, and curtained for protection against wind, rain and snow, makes an ideal sleeping place for tuberculous patients. The adjoining rooms should be well lighted and well ventilated, and comfortably heated, preferably by an open fireplace. The patient should remain in bed on the porch, day and night in all ordinary weather, summer and winter, as long as he has any fever, only retiring to his room for necessary purposes, such as toilet and bath, or for protection from inclement weather. A climate in which the patient cannot be made comfortable in his bed on the porch, by reason of extreme cold in winter, or heat in summer, or cold, damp winds, or hot, dry winds, or fogs, or dust, or sand storms, is not a climate suitable for the open air treatment of tuberculosis. The ridges, valleys and plateaus of the Ozarks in western Arkansas, south of the Arkansas River, offer a combination of qualities singularly adapted to outdoor life. The ridges extend east and west, affording a good degree of protection from blizzards. Sand storms are unknown, fogs and hot winds are both infrequent, and extremes of heat and cold are alike rare, and the diurnal variation of temperature is tempered by extensive forests. Other things being equal, it does not get so hot by day nor so cold by night, as in treeless regions. At the sanatorium our patients occupied their sleeping porches in comfort on the hottest nights last summer and the coldest nights last winter.

The three remaining essentials of treatment, namely, cleanliness, good food and regulated living, might be attained in any climate, by one not limited in financial resources; but those of limited means will find themselves seriously handicapped in their efforts to attain them away from home and friends. Here it is not so much a question of climate as it is of the wisdom or folly of a sick man who needs the comforts of home and the ministrations of loved ones, tearing himself away from these to become a wanderer and vagabond in the earth. It would seem that the mere statement of such a proposition would be to answer it in the negative.

\*Read at the Thirty-sixth Annual Meeting of the Arkansas Medical Society, at Hot Springs, May, 1912.

As to the influence of altitude, it may be said that a large proportion of tuberculous patients are benefited by change from a low to a higher altitude. It may also be said that another proportion, probably equally large, are injured by such a change. To say that high altitudes are favorable for tuberculous patients generally is to maintain an error that has cost our state many valuable lives. The Ozarks, south of the river, attain an altitude of over half a mile, an altitude beneficial to a larger number of patients than higher ones are.

That it is not necessary for tuberculous patients to go away from Arkansas to get well is demonstrated by results attained at the sanatorium. Of 186 patients discharged from the sanatorium prior to March 1, 1912, 11 were classed in the first stage, 114 in the second stage and 61 in the third stage. Of the 11 uncomplicated first stage cases, who had given the treatment a fair trial, 10 or 91 per cent made such improvement as indicates with a good degree of assurance that they will get well if treatment can be continued long enough. Of the 114 second stage cases, 60 or 52 per cent present the same gratifying assurance, while of the 61 third stage cases, 10 or 16 per cent bid fair to regain a good degree of health with useful working ability. This gives us 53 per cent of probable recoveries in all stages. I submit that if these same patients had gone away from the state in search of health, the proportion of probable cures would have been painfully less. We do not claim to have cured anyone at the sanatorium—only to have put them in the way of recovery. The cure of tuberculosis is not a matter of a few weeks, or a few months, but a matter of several years, sometimes many years' careful treatment. It is not practicable to keep patients in the sanatorium long enough to cure them. The cure begun in the sanatorium must be completed at home. And this brings me to speak of the last point to which I wish to direct your attention, namely, the home treatment of tuberculosis.

It is in the homes of the people that the white death is intrenched, and in the homes of the people it must be met and vanquished, if the plague is ever to be stayed. Of the 12,000 subjects of tuberculosis in Arkansas today, only a very small percentage are able to go away with a financial backing that promises efficient treatment. The 75 who can be cared for at the sanatorium are only

a drop in the bucket—less than 1 per cent of those needing treatment. The most the sanatorium can do is to demonstrate the preventability and curability of tuberculosis and teach the methods of prevention and cure. The sanatorium is only the advance guard to bring on the fight. The battle is to be won or lost by the people themselves. On the physicians of Arkansas rests the task of leading and directing the combat. May we not prove derelict to this tremendous responsibility!

#### ADENOID VEGETATION AND NASAL OCCLUSION, WITH SPECIAL REFERENCE TO THEIR INFLUENCE OVER CEREBRATION.\*

By John M. Wallace, M. D.,  
Fort Smith, Ark.

No effort will be made in this paper to explain the manner in which a nasal occlusion produces a disturbance of cerebration. To do so would involve much theoretical reasoning, with but little, if any, positive proof to sustain it, and would, I fear, tax your patience. That it can and does alter the brain functions, I hope to convince at least some of my hearers.

To the host of troubles already known to follow upon nasal diseases, I wish to add this one, so that we may be able in a few cases at least to give an affirmative answer to the question, "Canst thou not minister to a mind diseased?" Then, too, perhaps some investigating genius may arise who can prove that Byron and many others of his kind were subjects to attacks of mental aberration due to nasal occlusions, as did Myer, who wrote a book showing that the facial expression of some of the Greek busts and statues indicated that the originals suffered from adenoid vegetations.

The injurious effect upon children of obstructed respiration, whether due to intranasal hypertrophies, enlarged tonsils or adenoid growths, occurring singly or combined, is that it retards their physical and mental development. The evidences are some of the perversions of some one, perhaps several, of the senses.

The many and varied disturbances of the nervous system that may, and frequently do occur are too well known to medical men to

\*Read before the Sebastian County Medical Society, April 23, 1912.

demand further mention. That chronic nasal occlusion in the adult as well as in the child produces mental as well as physical disturbances of more or less severity, determined largely by the temperament of the patient, is not so generally appreciated, and it is to this symptom of affection that I ask your attention.

Many medical men, even some of the more recent graduates I fear, look upon the nose more as a cosmetic appendage put there by a merciful Creator merely to give character and expression to the face, rather than as an organ of great physiologic importance, performing functions peculiarly its own, impossible to be performed by any other organ or tissues in the body, hence any interference with, or interruption of, its functions must impair the health and strength and resistance of the body.

Many of the older members of the profession who were taught that the nose is the organ through which we should breathe, and that it possessed the sense of smell, pay but little, if any, regard to the most important function which the hairs in the vestibule and the ever-moist membranes perform in arresting many foreign particles, and perhaps noxious gases in the air; of tempering and moistening and probably determining the density of the inspired air, together with the uvula palatal structures and the vault of the pharynx of a sounding board and resonating cavity, thus determining the timbres of the voice. Then, too, to many nasal catarrh (so called) is still the bugbear it was twenty-five years ago, to be treated with a shrug of the shoulders and any indifferent wash, given more as a placebo than a curative, and then turned over to the kind Providence for further care.

So serious a condition as a disturbance of the brain functions (called mental aberration, inco-ordination of ideation, or what else you will) is referred to as a disease of any other organ than that of the nose, an organ to them altogether too insignificant and unimportant to be capable of causing such profound effects. Think of the numerous important structures directly or indirectly connected with the nostrils—almost, indeed, too numerous to mention in detail in this paper.

First of all, the Antrum of Highmore discharges its secretions into the nostrils; next

come the lachrymal secretions, then come the frontal sinuses; further back again the sphenoid sinus and the ethmoid cells must find an exit into the nostrils for their secretions.

While we do not at present know the quantity of fluid that each cavity secretes, nor exactly the importance of each cavity to its surrounding structures, yet we do know the incessant worry and trouble diseases which any one of them produces. Many of these cavities are in very close relation with the brain proper, and we know not what peculiar relation they bear to the proper performance of the delicate and mysterious functions of that most important organ. Then, too, we must not forget the numerous and sensitive nerves and the blood supply of these cavities which in the aggregate must present considerable quantity of tissue to become affected by disease.

It is a matter of no surprise, then, that an alteration of function, the retention of secretions, the pressure upon numerous nerves, the disturbance of circulation in these cavities which necessarily follow a chronic occlusion of the nostrils give rise to functional mental disturbance and like diseases of the mastoid antrum attacking the thin bony plates that separate them from the brain may perforate them and give rise to organic disease as well.

It is because of this definite lack of knowledge that makes it advisable for us to proceed with the greatest care and caution. The sailor may force his ship at full speed in an open sea under a clear sky, but proceeds with great care and caution during a fog in the tortuous and unknown channel.

It is much to be feared that but few of us appreciate or comprehend the vast influence, direct or indirect, immediate or remote, of a chronic nasal stenosis. It is only when one who is affected applies for treatment that we are aroused to a full sense of realization of the suffering and torture, mental and physical, this condition entails. Let me but ask those who have had an acute coryza, have they not experienced the torturing, sometimes agonizing, headache intra-cranial pressure as if it would split the skull; the sense of discomfort from the tightly occluded nostrils; the sense of oppression and suffocation felt in the chest; the general muscular, nervous and mental depression, often lasting

for days afterward? And yet this same condition is found only greatly intensified in those suffering from chronic nasal occlusion.

Consider, then, one who is more or less constantly harassed with these torturing headaches, becoming more severe and of longer duration as the disease progresses; the constant dryness of the mouth and throat caused by mouth breathing; the asthmatic symptoms occurring chiefly at night, caused by the tongue (relaxed in sleep) falling back in the throat and effectually closing the larynx, a symptom likely to occur to all mouth breathers, young or old. As the occlusion progresses these attacks become more frequent and many complain of fatigue and shortness of breath caused by active exercise. Now, the system begins to weaken because of the lack of oxygenation of the blood and by reason of mental distress.

It is at this time that the fugitive pains, more or less frequent and severe here and there and everywhere, are felt; they add to the already existing discomfort, and the day as well as the night is spent in torture and misery. The constancy of their suffering causes them to brood over their symptoms until they become morbid, and it is at this stage that mental faculties become involved. At first there is only a temporary confusion of ideas. As time goes on the mind becomes more and more affected until a most profound degree of mental apathy is reached. All interest in business, social and family affairs is lost. There is sometimes such great confusion of thought that intelligent speech is difficult, and eventually, after they have drugged themselves, after being doctored by their friends and various druggists, after passing through the treatment of several quacks, after their patience, and also their funds, are almost exhausted, they finally present themselves to someone who is capable of relieving them. They are then anaemic, weak, nervous and probably hysterical, and demand immediate relief. They must be treated with the greatest care and diplomacy, as well as with tonics and by surgical procedures, namely, the removal of the offending growths and hypertrophies. They must receive a dose of positive mental suggestion at each treatment to overcome the predominative mental impressions of their own manufacture. Fortunately, the more severe cases are not of frequent occurrence, but the milder cases are seen quite frequent-

ly and demand our best efforts, thoughts and treatment, for if they do not get relief they become discouraged, stop treatment, and drift from bad to worse.

The report of a few cases will, I hope, help to illustrate the condition of many people who have partial or complete occlusion of the respiratory tract, either nasal, nasopharyngeal, pharyngeal, or a combination of all. While in the eye, ear, nose and throat hospital in New Orleans, the following cases came under my care:

CASE I. A contractor, age thirty-seven. Suffered for about one year with constant headache, occasionally becoming very severe; complained of constant stoppage of nostrils, especially left one, with a profuse discharge from them, especially backward into throat. This has become so troublesome that sleep in the recumbent posture is impossible. Recently he has lost appetite, become much reduced in flesh, strength, and is very nervous and irritable; is very hoarse and gets out of breath quickly. For four weeks has done no work because of failing memory and mental confusion, fearing an accident might result from his inability to remember instructions given, etc. Though of large frame, he was so pale and weak he looked as if he had been seriously ill. Facial expression indicated mental disturbances, nervous system much depressed, as evidenced by tremulousness of hands, head and tongue. Family history good. No history of any specific disease. Both nostrils so occluded with hypertrophies of middle and inferior turbinates that but little air could be forced through them. Pharynx covered with tenacious mucus. The mucous membrane dry, pale and tender. I treated him by removing the nasal hypertrophies, and improvement began quickly. In about four weeks he returned to work free from pain, mental aberration or other discomforts.

CASE II. Man, forty-five years old, of French parentage; occupation, laborer; good physique, no deformities; family and personal history good. Complains that for four years his nostrils have been bothering him, at first only occasionally stopping up, until now, for six months past, he has been unable to breathe through them. Frequently at night he awakens out of breath and dreads to return to sleep, fearing another attack. Has frequent headaches; always a sense of weight and oppression in the head. The constancy of the annoyance has made him very nervous and irritable and he was considering giving up his job and seeking relief in another clime. He has been under treatment of several quacks, but instead of deriving relief he became worse. Examination revealed left nostril to be closed by a very large polypus. The right nostril was closed with a dense fibrous hypertrophy of inferior and considerable enlargement of the middle turbinate. Removal of the offending masses afforded marked and immediate relief. His nervousness was treated with valerianates of quinin, iron and zinc, and in three weeks he was comparatively a well man.

CASE III. School girl, twelve years old, of Irish parentage; family history good; has always been very bright, playful and full of life; a lover of school books and always stood at the head of her class. Three months ago she seemed to become a little stupid, was not as playful and full of life as before; failed to have her lessons well,

something that never before occurred. She seemed to care nothing for play or books, complains of nothing. She slept with mouth open, snoring considerably at times, and at other times was very restless. Rather seeks to be alone, and will sit around for hours at a time without speaking to anyone.

Examination shows slight hypertrophy of pharyngeal tonsils (or adenoid vegetations), nose and throat otherwise healthy, although she had some features of a typical adenoid child; the curiously-toned voice, the vacant expression, the open mouth (only at times), the history of snoring at night and the name of being dull. I advised the removal of the adenoid vegetations, which was done the next day, with a curette under bromide of ethyl. The child brightened up in a few days, was cheerful, full of life and playful as usual, and in three weeks took her place in school as before; came up with perfect lessons and, as usual, stood at the head of her class.

CASE IV. Small boy, six years old, of German parentage; family history good. Nothing very strange was noticed about this child the first two years of his life, except that he was rather small, puny and did not notice things as other children did. Was not playful; hearing seemed to be bad, and very seldom tried to talk. After the child was two years old, parents noticed his development very carefully, and as he grew older they found that his hearing was defective, speech developed very slowly, but when he would try to talk it was very loud, with long stops between words, and it was very difficult for him to speak words plainly or separate them. Examination showed hypertrophy of pharyngeal tonsils (or adenoid vegetations), nose and throat otherwise healthy; hearing about one-fourth normal. Was indisposed and paid but little attention to anything around him. Had many of the features of a typical adenoid child; vacant countenance, open mouth, curiously-toned voice when he would try to speak at all. Deep palate, cupped superior maxilla and et cetera. When child would speak, it was from four to six times louder than an ordinary child would talk. I advised the removal of the offending growths (adenoid vegetations), which was done the following day with a curette under bromide of ethyl. He brightened up in a few days; could see a decided difference in speech and hearing in one week; was more cheerful, full of life and more playful than ever before. Hearing and speech gradually improved every day, and when he returned home ten days later the hearing was almost normal, with a wonderful improvement in speech. Could speak words plainly, separate them better, and the tone of the voice was almost normal. Three weeks later his father wrote me a letter stating that he seemed to be in perfect condition; speech and hearing normal; was more cheerful, bright and playful. I have never seen him since his return home. Two years later the father told me that he continued to improve, and that he could hear and talk as well as anyone; grew rapidly and was full of life, and was rapidly developing into a strong boy, mentally and physically.

CASE V. Man, twenty-eight years of age; occupation, bookkeeper in bank for years. Good physique, no deformities; family history good. Personal history specific. Two years previous contracted syphilis. One year later had a very sore throat, lasting several months. When throat began to get well he noticed that he could not breathe through his nose at all. He became much

reduced in flesh and strength; very nervous and irritable; very hoarse, and would get out of breath quickly. For four months has done no work because of failing memory and mental confusion, fearing constantly he could not keep his books accurately. He was pale, weak, and looked as if he had been seriously ill. Facial expression indicated mental disturbances; nervous system depressed, as indicated by tremulousness of hands, head and tongue. He threatened self-destruction several times in my presence. Examination showed complete adhesion of the soft palate to posterior wall of pharynx. Pharynx was covered with a tenacious mucus, as well as cicatrix, indicating that he had had severe ulcerative sore throat. I treated him by dissecting the soft palate loose from the pharynx, finding adhesion complete extending from lower edge or rim of soft palate from side to side, to about three-eighths of an inch from below upward was bound firmly to the wall of the pharynx. After dissection was completed I dilated the pharyngeal walls thoroughly with a dilator bent at almost right angles. The improvement was marked and immediate. Next morning he was bright and cheerful, remarking he had one good night's sleep with mouth closed, the first in months, and that the thought of self-destruction had passed away. In six weeks he returned to work in bank, free from pain, mental aberration or other discomforts. Two years later he was still free from any nasal obstruction in any manner.

I have selected these cases from among several on my case book while in hospital work, and three from my private practice, as representative of different degrees of mental aberration caused by nasal occlusion. In every case as much care as possible was taken to establish a correct diagnosis lest the aberration might result from some disease, functional or organic, of the central nervous system of the heart as a result of ocular disturbance; or, perhaps, of a purely hysteric nature, or as a result of a toxemia, or from alcohol, tobacco or drug habit.

The treatment scarcely needs further elaboration. It consists in the treatment of the hypertrophy rhinitis, correction of deviations of the septum, the removal of septal spurs, the systematic treatment appropriate to the case. As before mentioned, I must again call attention to the value of mental suggestion, not only in these special cases, but in many others that apply for treatment. It may be that I attach too much importance to the effect upon the minds of nasal occlusion, due, as said before, to any cause, hypertrophy of nasal turbinates, nasal polipi, hypertrophy of pharyngeal or faucial tonsils; but the cases of this character that I have seen (both in private and hospital practice), and that were cured by proper treatment, force upon me the conclusion of mental disturbances as well as many other evils.

# THE JOURNAL

OF THE

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### PERSONAL LIBERTY vs. THE WELFARE OF THE RACE.

In his annual address, the outgoing president of the Arkansas Medical Society touched on a point of vital importance in calling attention to the unaccountable ignorance of our constitution framers and law-makers in failing to make provision to conserve the health of the people. The attitude of our statesmen generally on this subject is conveyed in a little colloquy between Senators Borah and Bailey. Senator Borah introduced a bill providing for a Bureau for Children.

"I presume," said Bailey of Texas, sarcastically, "that this bill of the senator from Idaho is somewhat related to that provision in the agriculture appropriation bill which makes a similar arrangement for the welfare of calves and pigs."

"Exactly," replied Mr. Borah. "My bill seeks to have the government do for the

children what it has already done for the calves and pigs."

Recently the Journal of the A. M. A. reported that Hon. A. J. Peters, a member of Congress from Massachusetts, at a mass meeting on child labor at Louisville, last February, announced that the Bureau of Animal Industry cost the country \$1,654,750 a year, and that the Bureau of Plant Industry cost \$2,051,686. The proposed children's bureau would cost \$29,440, and would investigate child labor, infant mortality and other important phases of child conservation, and attack its problems intelligently. In some quarters the investigation of child labor is regarded as an unwarranted intrusion invading personal liberty. It is more than likely we shall soon have a National League for Juvenile Freedom, secretly financed by the coal and cotton barons, and demanding for the child the right to labor when and where it pleases. In the meantime, if Congress thinks the baby crop is worth as much, or one-tenth as much, as the fruit crop, a children's bureau should be immediately established.

Nearly two thousand years ago a Great Teacher reminded his hearers, "Ye are of more value than many sparrows." We have in our boasted civilization apparently outgrown that doctrine. We have laws not only in the interest of calves and pigs, but for the preservation of game birds, and fish, and songbirds, and certain quadrupeds of the woods. The child, the future man and woman, seems to the powers that be of far less importance. This is true not only from the viewpoint of the statesman, but of the individual. Our farmers and stock raisers carefully select the sires and dams for the propagation of improved breeds of work horses, cattle, hogs, sheep and goats. In racing stables blood of speedy ancestors is sought. In the kennel the strain of famous hunting dogs, or fighting stock, or woolly hair, or size, are some of the qualities to be perpetuated, the progeny bringing extravagant prices.

When it comes to man, the highest type of animated nature, from every viewpoint—whether we believe him made in the image of his Maker or whether we believe him to be the highest product of a long series of evolutions—man is left to his own devices almost absolutely, on the plea of the sacred

rights of personal liberty. The unfit stallion, or bull, or ram, is emasculated, put to work for his owner's profit, or condemned to the slaughter house, as the case may be. Man, on the contrary, runs riot in the matter of propagation. Whoever is physically able to mate and reproduce may do so, with the consent of the law or without it. Ignorant and enlightened alike know that hereditary traits are perpetuated. We are confronted with the great problems of criminality, insanity and inherited diseases, or a tendency to disease. Some years ago a California preacher had the courage to advocate the emasculation of confirmed criminals as the solution of the problem of an ever growing criminal population. At once anathemas and denunciations reverberated from every hilltop from the Pacific to the Atlantic, but we are still grappling with the criminality problem. Meantime the confirmed criminal perpetuates his kind at such times as he may be temporarily on the free side of the prison bars. The tubercular gives to the world physical weaklings. The mentally weak and the paranoic, if free from asylum restraint, help keep the asylum of the future peopled. In the factories the physical, mental and spiritual lives of children are immolated on the altar of greed. Men and women, boys and girls, whose labor makes the wealth of the State, are the victims of disease, of misery, of shortened lives; are not worth those of many sparrows, or of one sparrow.

All these evils, and more, endure because of the reverence for "personal liberty." Personal liberty is restrained only when it threatens the immediate and visible rights, welfare and safety of the body politic. Hence, we restrain the murderer, the thief, the forger, the embezzler, the violent insane, because the results of their misdeeds are in the present and visible. Unfortunately, we don't look very far beyond our noses.

#### MUZZLING THE DOG.

Seven people came to Little Rock the first week in July from Wilmot to be treated for preventing rabies. Dr. Morgan Smith, secretary of the State Board of Health, has charge of the patients. All of them were bitten by the same rabid dog. Reports of people, as well as horses and cattle, being bitten by rabid dogs are made with alarming frequency, yet nothing at all is being

done by the State, or by any municipality, to adopt the one preventive—a law or ordinance compelling the muzzling of all dogs.

The existence of rabies is widespread and increasing. The California State laboratory records 240 examinations for rabies, of which 80 proved positive. In that State alone 68 persons were bitten by rabid animals and five died from hydrophobia. But for the Pasteur discovery, doubtless many more would have died this horrible death. In Shreveport, La., between July 1 and 12, no less than three mad dogs were killed on the streets within an area of two blocks—all infected by a mad dog previously killed. A rabid dog on Long Island caused a number of fine horses to be killed and several persons were bitten, but the Pasteur treatment averted fatalities. From New Jersey, Ohio, Indiana and other States come reports of mad dogs biting people, dogs and horses and infecting them.

It is strange, when the horrors of hydrophobia are so well known and so greatly dreaded, that the State and civic authorities are so careless about applying the remedy. That muzzling is the one sure and practical preventive is amply proven by the results obtained in Germany and England. Rabies in Germany has been practically obliterated by strict enforcement of the muzzling law. England not only entirely banished the disease, but provided against the importation of new cases by establishing a dog quarantine, by which no visitors to her shores have possession of their dogs until the animals had been quarantined a sufficient time to develop the disease if infected.

The cause of this neglect of the authorities to act throughout this country is the sentimentality which surrounds the dog in relationship to man. The Missouri slogan "You gotta quit kickin' my dawg aroun'" truthfully sets forth the type of dog-loving man. "Love me, love my dog," wrote John Heywood nearly four centuries ago, expressing the same sentiment. In Biblical times the dog is referred to as the companion of man. In Tobit, v. 16, we find reference to Tobias' dog, "and the young man's dog went with them." Elsewhere it is spoken of in less worthy terms, as in Ecclesiastes, "A living dog is better than a dead lion." The dog is spoken of in terms of strange contradictions of honor and ignominy. Thus Hazael to Elisha, "Is thy servant a dog that he

should do this thing?" (2 Kings 8-13). On the other hand we have the fact, little known by the laity, of such high honors rendered to a dog as are rendered to only holy men and women—the great honor of Sainthood. The Holy Dog Saint Towzer was duly canonized by the Bishop of Rome and his relics preserved in the parish church of San Andres, near Valladolid, Spain (Catholic Miracles, page 43). Pet dogs were carried about by the patricians of ancient Rome and Athens as they are today.

Pope, picturing the American Indian, wrote the oft-quoted lines:

"But thinks admitted to that equal sky  
His faithful dog shall bear him company."

And so for thousands of years the dog has been man's faithful companion, and wherever man is, there also is the dog.

"Both mongrel, puppy, whelp and hound,  
And curs of low degree."

That is Goldsmith's description of the town dogs and the title of the poem, "An Elegy on the Death of a Mad Dog," shows that hydrophobia was common then. In that satire, however,

"The dog, to gain some private ends,  
Went mad and bit the man,"

the usual order was reversed, for the poet tells us—

"The man recovered of the bite,  
The dog it was that died."

But in all seriousness, sentimentality must be held subordinate to the welfare of the community. Modern muzzles are not painful to the dog, and, if they were, the fact should not be considered when the stamping out of one of the most awful of diseases is the desideratum. The owners of good dogs should be the last to object to a muzzling law, for their dog may be infected by some rabies-stricken, worthless cur.

#### PUT THE QUACK MEDICINE VENDORS OUT OF BUSINESS.

Dr. Olive Wilson of Paragould, secretary of the Greene County Medical Society, is deserving of much credit for the prompt and practical action she took last month when a woman vendor of "Viava"—one of the "remedies" in the American Medical Association's published list of "Humbugs"—arrived in Paragould prepared to reap a harvest during her stay and arrange for future profits by leaving a local "lady manager" behind.

The methods pursued by the Viava vendor are those common to her kind. She attends prayer meetings, Woman Christian Temperance Union meetings and the Ladies' Aid Societies of the various churches. She advertises in the local paper for a lady manager and offers free interviews with ladies suffering from all kinds of female disease or weakness, stomach disorders, spinal trouble or nervousness. Then, having thus paved her way, she induces some woman, well known locally, to accompany her to the homes of every woman who ever had female trouble or any other bodily ailment. The fields offers great opportunities, for in addition to the many women suffering from these troubles, we have that large army of women who **think** they have one or all of them—the women on whom quackery fattens.

The Viava vendor, however, made little headway in Paragould. Dr. Olive Wilson headed her off. She called on the woman, and calling her attention to Section 13 of the medical law, politely informed her that her sex would not save her from prosecution. She left the next day without appointing a local lady manager or selling her nostrum.

In prohibiting unlicensed practitioners, Section 13 includes as practitioners those who "repeatedly prescribe or direct for the use of any person or persons any drug or medicine or other agency for the treatment, cure or relief of any bodily injury, deformity or disease."

The legal remedy is afforded for the suppression of quacks and quack medicine vendors, if the officers and members of the medical societies throughout the state will be as alert and practical as Dr. Wilson.

#### SAFEGUARDING THE PUBLIC HEALTH.

The City Council and Mayor Taylor are to be thanked and congratulated for their action in increasing in efficiency and numbers the City Health Department of Little Rock, by relieving Dr. O. K. Judd of the detail work at the City Hospital and putting him in charge of the department. This is distinctly a step forward. For many years Arkansas and Little Rock were behind the times. We have had a State Board of Health without appropriations to render the work effective. Until this year Little Rock was probably the only city of its size without a

garbage collection service: The city has not had an adequate sewer system. Under the old plan the organization of sewer districts awaited the pleasure of the property owners. In many instances where two or three owned a majority of the property in a proposed district, they were able to defer action year after year. In consequence the health and comfort of those willing to tax themselves for sewers were imperiled by the absence of them on adjoining property.

With our present sewer ordinances, we understand if property owners prove recalcitrant the city can do the work, where demanded, and charge it to the owner. We have now a garbage collection system, not a perfect one, but it will be enlarged in time, and a fly screening ordinance applying to all places where edibles are exposed for sale, and people are being educated to the danger of the house fly. Dr. Judd will make more stringent regulations requiring physicians to make prompt reports of all contagious diseases, and a card index will be kept of these cases so that the situation may be well in hand at all times.

As the plan develops under the new health ordinance, it will prove to be one of the wisest methods possible to adopt for the conservation of public health.

In the same manner the Owens health bill, pending in Congress, providing for a national health department, would provide a system for the whole nation.

Elsewhere in this issue will be found resolutions of respect to the memory of Dr. A. A. Hornor, passed by the Phillips County Medical Society. The first copy of these resolutions was lost in transit, hence the delay in publishing, which we very much regret.

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### Editorial Clippings.

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#### NEW TREATMENT FOR RHEUMATISM.

For the past three years Dr. A. F. Schafer of Bakersfield, Cal., has been studying the use of mixed vaccine therapy in rheumatisms. He has now perfected a preparation under the name of phylacogen, which, from clinical reports, appears to be of value in various rheumatic conditions, especially in the acute, subacute, and to some extent in the chronic types.

Schafer regards the remedy as a modified vaccine, and as such it should at least command our attention, since so much study is now being given to the development of serums and vaccines in the treatment of various types of infectious diseases.

In the series of cases reported by Crandall in the June issue of the Journal of the Missouri State Medical Association, phylacogen was the only antirheumatic remedy used. The clinical results from this series in the St. Louis City Hospital seem to support Schafer's conclusions.

If further reports on this remedy are equally favorable, we may have added to our vaccine remedies one which will materially aid us in the treatment of rheumatic affections, and to a great degree avert the chronic joint involvements and dangerous heart complications that are such common concomitants of rheumatic conditions at present.

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#### AN IMPORTANT STEP IN THE STUDY OF MALARIA.

At the meeting of the American Society of Tropical Medicine in Atlantic City on June 3, Dr. F. Creighton Wellman, dean of the Tulane School of Tropical Medicine, made the interesting announcement that Dr. C. C. Bass had succeeded in isolating the parasite of malaria, first growing it for seven weeks in artificial media in New Orleans, and subsequently, in the canal zone, being enabled to watch the entire cycle of development, the process of schizogony, etc. The studies of this society are attracting increased and deserved attention, and are fraught with importance in their bearing on life in our Southern States, as well as in our newly-acquired tropical possessions.

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#### PELLAGRA NOT CONTAGIOUS—NO REASON FOR QUARANTINE.

The origin and cause of most public panics, whether financial, spiritual or from epidemic disease, has always been ignorance, misunderstanding and false conceptions. For instance, there has never been a money panic within fifty years that a little patience and confidence could not have averted; great revivals forced by the panic dread of hell would be impossible if people meditated upon the fourteenth chapter of St. John;

and yellow fever panics died forever when the stegomya was introduced to educated society. But as one error dies another is born to plague us, and the latest and most insidious of them is the idea that pellagra is a communicable disease.

Though only recently the subject of thorough study, yet pellagra has been so minutely and practically investigated that one may now say positively that there is far more evidence of every kind that malarial conditions are contagious (and no one even suspects malaria of being contagious) than that such is the case with pellagra.

Those most familiar with it at home and abroad place no restrictions upon the association of pellagrins with the well. There is no quarantine against pellagra. Moreover, doctors should exercise the greatest caution in diagnosing as pellagra a case of dorsal erythema on one wrist, or an inflammation of the gums that admits of some other explanation. Unfortunately, we have led people to consider the disease incurable, when such a thing as an incurable disease does not exist—if recognized in time. The evidence all goes to prove that pellagra is caused by something in damaged maize. That points the way to avoid and treat it. Just quit eating imported corn, or using corn products from abroad *Verbam sat.*—Southern Medical Journal, July, 1912.

#### VACCINATE ALL AND END SMALLPOX.

By the simple expedient of vaccinating every person in the United States in infancy, and then at ten or twelve years of age, smallpox can be wiped out, according to Dr. Jay F. Schamberg, professor of diseases of the skin at the Polyclinic Hospital, who spoke recently to mothers and others interested in the care of children at the Baby-Saving Show, held last month in Philadelphia. No child is too small or too young to be vaccinated, said Dr. Schamberg, who pointed out that municipal hospital babies are frequently vaccinated the day after birth. Figures were quoted by the speaker, showing that in countries where vaccination is practiced the death rate is lower than in countries like Russia, where it is unknown. "Eighteen

thousand cases of smallpox were reported in this country between 1871 and 1872," said the speaker, and from "1901 to 1904," when vaccination was resorted to, there were only 5,000 cases, whereas in Russia there are 38,000 deaths each year from smallpox.

#### SHIBLEY RESIGNS SANATORIUM HEAD.

Dr. Robinson Bosworth Elected Superintendent of Tuberculosis Hospital at Booneville.

Dr. J. S. Shibley, one of the prime movers in the establishment of the Arkansas Tuberculosis Sanatorium at Booneville, and who has been superintendent of the institution since its organization two years ago, yesterday tendered his resignation to the Board of Trustees. The resignation was accepted, and Dr. Robinson Bosworth elected as his successor. The resignation takes effect August 1, but the board decided to continue Dr. Shibley in service for the month to deliver lectures in several counties on tuberculosis.

In his communication to the board tendering his resignation, Dr. Shibley said: "The superintendency of the sanatorium from the first has been a heavy burden to me, and the more so since the death of my wife, and the time has arrived when I wish to be relieved of it." Dr. Shibley states that within the next month he will prepare a report of what has been accomplished at the sanatorium during the two years of its existence.

In accepting the resignation of Dr. Shibley, the board, by unanimous vote, adopted resolutions expressing appreciation of his work and that of the late Mrs. Shibley.

Dr. Robinson Bosworth, elected to succeed Dr. Shibley, as superintendent, has been assistant superintendent of the institution for the last three months. He came to Arkansas from the Agnes Memorial Sanatorium at Denver, Col. Before going to Denver, Dr. Bosworth was for several years at the Pennsylvania State Sanatorium at Whitehaven.—Arkansas Gazette.

## Personals.

Dr. S. J. Hesterly of Prescott has returned from an extended trip in the East.

Dr. Loyd O. Thompson of Little Rock has returned from Pennsylvania.

Dr. and Mrs. Anderson Watkins of Little Rock have returned from a six weeks' visit in New York City.

Dr. W. F. Smith, division surgeon for the Iron Mountain system, has returned from Omaha, Neb., where he has been for a week, combining business with a family reunion.

Dr. M. D. Ogden and Dr. O. K. Judd of Little Rock are attending the hospitals and clinics of the large Eastern cities.

Dr. J. L. Dibrell of Little Rock has returned after spending several weeks in Eastern clinics and hospitals.

Among the recent visitors to Little Rock were Dr. Thomas J. Stout and daughter of Brinkley, Dr. Jos. D. Wharton, Dr. Samuel E. Thompson and Dr. H. A. Murphy, wife and daughter of El Dorado, Dr. R. C. Dorr of Batesville, and Dr. Shelby A. Turner of Heber Springs.

Mr. J. A. Majors of New Orleans, the most popular medical book salesman that visits Arkansas, spent a few days in Little Rock this month.

The Board of Trustees of the University of Arkansas has appointed Dr. Morgan Smith of Little Rock dean of the Medical Department, to succeed Dr. Jas. H. Lenow, who resigned.

## Announcements.

### THE NATIONAL SOCIETY OF ANESTHETISTS.

On June 6, at Atlantic City, during the meeting of the American Medical Association, and following a symposium on anesthesia, the National Society of Anesthetists was organized. Prof. Yandel Henderson of Yale, chairman of the commission on anesthesia of the American Medical Association, occupied the chair. Those assembled for the symposium, acting as a committee of the whole, proceeded to organization and elect-

ed the following officers for the year 1912-1913:

President—James T. Gwathmey of New York.

Vice Presidents—Charles K. Teter of Cleveland, F. H. McMeechan of Cincinnati, Yandel Henderson of New Haven.

Secretary—William C. Woolsey, 88 Lafayette Avenue, Brooklyn.

Treasurer—Harold A. Sanders of Brooklyn.

The constitution and by-laws were ordered to be drawn by the executive committee and submitted to the society at its next meeting for adoption. All names submitted for membership, if qualified in the estimation of the executive committee, shall be considered as charter members, if presented within a period of sixty days and accompanied by the levied due of three dollars.

The National Society of Anesthetists, in this notice, calls all those who are actively interested in this work to join its ranks and assist in developing the subject of anesthesia to greater perfection and more uniform safety. William C. Woolsey, Secretary.

June 10, 1912.

### DRS. PETTEY & WALLACE'S SANATORIUM—CHANGE OF ADDRESS.

In systematizing street names, the name of the street on which Drs. Pettey & Wallace's sanitarium is located has been changed from South Fourth to South Fifth Street. Please bear in mind that this change of address does not involve a change of location of the institution. Their new address is 958 South Fifth Street, Memphis, Tenn.

Dr. Katherine L. Storm, who several years ago patented the Storm binder, has recently obtained patents in England and Canada upon this supporter, also another patent in the United States for improvements that have been made to meet the extended requirements for a high belt for floating kidney-ptosis, etc., with a minimum of pressure, heat and weight across the back of the patient.

The Proctologist, the only journal exclusively devoted to this department of medicine, announces that the September number will contain the papers and discussions of the American Proctologic Society for 1912.

To the Members of the Profession in the State of Arkansas:

Brethren—On October 8-10 the Medical Association of the Southwest will again visit your beautiful state and enjoy a few days at your famous health resort.

In behalf of the association I am sending this word of greeting to you, and I also wish you to all plan to meet us there, that we may renew again the acquaintance begun two years ago and which every member has cherished as a pleasant remembrance ever since.

A strong program has been provided and a great time is expected and assured.

Plan to meet with us.

Yours fraternally,

FRED H. CLARK, Secy.-Treas.

El Reno, Okla., July 15, 1912.

### **In Memorium.**

DR. A. A. HORNOR.

The undersigned Committee on Resolutions submits the following brief sketch of the life of the late Dr. Albert Aurelius Hornor:

Dr. Hornor was born in Harrison County, West Virginia, on March 6, 1831. He was the son of Judge John Sidney Hornor and Elizabeth Johnson Hornor, and the grandson of United States Senator and Governor Johnson of Virginia. He came to Helena with his parents in 1836, when five years old, and Helena has ever since been his home.

His literary education was obtained at colleges at New Albany, Ind., and at Jackson College at Columbia, Tenn., graduating at the latter institution. After his graduation he studied medicine under Dr. Hubbard, a retired physician and planter, for a year, matriculating the following year in the Louisville, Ky., Medical College, where he studied medicine for a year. He then decided to finish his medical education at the University of Pennsylvania, graduating at that institution in 1854.

Just after his return from college an epidemic of cholera broke out on a plantation near Helena. Without hesitation he decided to cut loose from home and friends and fight the dreaded disease. After a several weeks battle he returned to his practice, the plague having been successfully stamped out.

At the beginning of the Civil War he enlisted in the Confederate army and became

assistant surgeon of Hindman's Legion; continued in service four years, being promoted to the position of surgeon with the rank of major. He had charge of most of the hospitals east of the Mississippi most of this period. His was one of the first names on the roster of Sam Corley Camp, Confederate Veterans' Association.

At the outbreak of the yellow fever epidemic in 1878 he was appointed by the national government to take charge of the quarantine for this portion of Arkansas and western Mississippi. His duties were arduous and perilous, being continuously exposed to the danger of disease, exposure and shotgun quarantine instituted by local communities. He performed his duties fearlessly and conscientiously.

He was a charter member of the Arkansas, Phillips County and District Medical Societies; a member and delegate to the American Medical Association. Each of these societies honored him with its highest official gifts, which he filled with dignity, honor and fairness. He was an active member of his county society in everything that pertained to its good and welfare. He not only knew the code of ethics, but practiced it in his daily life. His heart and soul were devoted to the Phillips County Medical Society; all other matters were sidetracked when its interests were at stake.

After the war he resumed the practice of his profession in Helena, and although possessed of large plantation and commercial interests, he continued in active practice to the hour of his death. His earnest wish to die actively thus engaged, to be summoned suddenly and painlessly, in full possession of his faculties was providentially gratified. His practice for many years extended over several counties in Arkansas and Mississippi.

He was a man of strong individuality, genial, charitable, a fluent, pleasing, forcible, logical speaker, and an excellent parliamentarian. He was an omnivorous reader, a close observer, and besides being an excellent physician, was well informed upon most matters of general interest. He was popular among all classes, giving his time and talents freely to charity, never refusing a call, and rarely ever presenting an account. He was never married. He made his home with his sister, Mrs. Thweatt. He leaves one brother, H. S. Hornor; one sister, and many

nieces and nephews, all of whom reside in Helena.

Dr. Hornor is the last link in the chain of Phillips County's pioneer doctors, gentlemen and physicians of the old school in the highest and best sense of the term, of which McAlpine, Vineyard, Burke, Linthicum and Pearson were fellows—pathfinders in organized medicine in county and State.

His funeral occurred February 21 at 3:30 o'clock p. m. from the residence of Judge Thweatt; was largely attended by all classes; many beautiful floral emblems covered his remains, that of the Phillips County Medical Society being the most beautiful and an appropriate "broken floral column." The society attended his funeral in a body.

Respectfully submitted,

M. FINK, Chairman,

W. C. RUSSWORM,

J. W. BEAN.

Committee on Resolutions.

To the Phillips County Medical Society:

Gentlemen—Your Committee on Resolutions finds that words are utterly inadequate to fittingly and feelingly express the profound sorrow and irreparable loss individually and collectively sustained by the Phillips County Medical Society in the loss of its oldest, most distinguished and muchly beloved member, Dr. Albert Aurelius Hornor, whose sudden demise shocked this society and this community on the afternoon of February 20, 1912, at his home in this city.

Whereas, Dr. Hornor's every thought, at any and all times, was for the good and welfare of this society from its birth, over two score years ago, until the day of his death, like unto the solicitude of a mother for her offspring, sustaining and supporting it, and by precept and example leading it ever onward and upward to heights of usefulness to the profession and to suffering humanity; that his regularity in attendance and his active part in all discussions were notable, his belief being that financial loss was counterbalanced by the information gained by the interchange of ideas, the knowledge thus gained being beneficial alike to himself and his patients. That the code of ethics upon which this society was founded was to him his decalogue, whose principles he daily practiced and endeavored to induce each member to follow.

Resolved, That when he was gathered to his deserved reward of rest, it could be said of him that he served his country and fellow-man both in peace and war, for he was a surgeon in the Confederate army with a devotion that knows no reserve and a kindness that never failed for over half a century; whose unostentatious charity to the sick, the poor and the distressed was unbounded, "and greater love hath no man than this that a man lays down his life for his friends."

Resolved, That we can best cherish and perpetuate his memory by emulating his noble example.

Resolved, That our heartfelt sympathy be extended to his bereaved family.

Resolved, That a page in our records be set aside in his memory and these resolutions inscribed thereon.

Resolved, That out of respect to his memory that the members of the Phillips County Medical Society wear the badge of mourning for thirty days.

Respectfully submitted,

M. FINK, Chairman,

W. C. RUSSWORM,

J. W. BEAN.

Helena, Ark., February 26, 1912.

## County Societies.

### JEFFERSON COUNTY.

(Reported by Dr. B. D. Luck, Secretary Pro Tem.)

Pine Bluff.—The Jefferson County Medical Society met at the office of the president, Dr. W. T. Lowe, Wednesday, July 3.

Members present were: Drs. Johns, Blankenship, Breathwit, Jenkins, Palmer, Stewart, Luck and Lowe.

The scientific program comprised the following papers:

"The Tonsil"—By Dr. William Breathwit.

"Value of Examination of the Blood"—By Dr. W. T. Lowe.

Interesting discussion followed the reading of both papers.

The Fourth District Medical Society will meet in September at Pine Bluff, with the Jefferson County Medical Society. Preparations are already in progress for this meeting, and every effort will be made to royally entertain the members and guests.

## BENTON COUNTY.

(Reported by Dr. J. A. Fergus, Secretary.)

Rogers.—The Benton County Medical Society met in regular session in this city on Thursday, June 11.

On motion of Dr. E. E. Pickens, the time of the meetings of the society was changed from quarterly to monthly.

President Rice appointed the following as members of the legislative committee: J. T. Clegg, C. H. Cargile, J. A. Fergus.

Application of Dr. A. A. Gebhardt was read and referred to the proper committee.

The next meeting of this society will be held at Bentonville on the second Tuesday in September.

## FRANKLIN COUNTY.

(Reported by Dr. Thos. Douglass, Secretary.)

Ozark, June 15.—The Franklin County Medical Society met in regular session in this city June 4. Members present: Drs. Turner, Wear, Warren, Allen, Williams, Harrod, Rambo, Benefield, Gammie and Douglass.

Report was rendered by the delegate to the State Society, Dr. Wear, which was supplemented by remarks by Dr. Benefield on the same subject.

Dr. Turner, chairman of the Memorial Committee, reported a resolution in memory of Dr. R. J. Butts and Dr. S. D. Sherbourne, recently deceased members of the society.

The secretary read a letter from the famous Weltmer of Nevada, Mo., in which he declared his willingness to deliver a lecture to the society on "Psycho-therapeutics."

On motion of Dr. Turner, the communication was laid on the table.

## WASHINGTON COUNTY.

(Reported by Dr. Nina V. Hardin, Secretary.)

Fayetteville, July 5.—The Washington County Medical Society met in this city July 2.

A dinner and social hour followed the scientific session in celebration of the fortieth anniversary of the society.

Members present were: Drs. W. B. Welch, H. D. Wood, A. S. Gregg, W. T. Gabbert, W. T. Yates, H. H. Fowler, E. F. Ellis, A. I. Moore, C. B. Paddock, Otey Miller, R. R. Dinwiddie, D. Christian, F. B. Young, John Young, J. E. Martin, A. J. Harrison, H. T. Harr, Nina V. Hardin, P. L. Hathcock, James Pittman, Leonidas Kirby of Harrison,

W. H. Young of Booneville and V. Berry of Okmulgee, Okla.

Dr. W. B. Welch and Dr. H. D. Wood are charter members of this society.

Papers read at the afternoon session composed the following:

"Empyema"—By Dr. F. B. Young.

"Pellagra"—Case exhibited by Dr. F. B. Young.

"The Contributory Causes of Infection"—By Dr. R. R. Dinwiddie.

Interesting discussions followed both papers.

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**Married.**

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Hunt-Hutchinson.—In Van Buren, on Saturday, June 1, 1912, Dr. Earl H. Hunt and Miss Tot Hutchinson of Clarksville, Ark.

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**Died.**

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Stewart.—In Spadra, Ark., on Sunday, May 26, Dr. James L. Stewart, aged 57 years.

McKenzie.—In Dardanelle, Ark., on Tuesday, June 4, Dr. A. H. McKenzie, aged 63.

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**Notice.**

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Secretaries of county societies are urgently requested to send reports of their meetings and items of news that may be of interest to the profession to the editor.

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**Book Reviews.**

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**The Care of the Skin and Hair.**—By William Allen Pusey, A. M., M. D., professor of dermatology in the University of Illinois. Published by D. Appleton & Co., New York City Price, \$1.00.

In this little volume valuable information is given to the general public as well as to the profession. Coming from such eminent authority as Dr. Pusey, I am confident the laity will appreciate his advice and description of the physiology and hygiene of the skin.

Dr. Pusey refers to the care of the general health, diet and digestion, also to the local care of the skin, water, bathing, soaps, powders, creams, etc. He describes some of the skin diseases and disorders of the face and scalp commonly met with. Chapters XI and XII describe care of the hair, its structure, functions, dryness, oiliness, baldness, grayness, falling out, superfluous hairs and hygiene of the barber shop.

# THE JOURNAL

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No. 3

WILLIAM R. BATHURST, M. D., *Editor*

H. H. NIEHUSS, M. D., *Associate Editor*

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Dr. W. F. Smith, Little Rock.  
Dr. J. F. Sheppard, Little Rock.  
Dr. Jas. A. Foltz, Fort Smith.

This is the official Journal of the Arkansas Medical Society. All communications should be addressed to the Journal of the Arkansas Medical Society, State Bank Building, Little Rock, Ark.

### Original Articles.

#### TUMORS OF THE URINARY BLADDER.\*

##### A Study of 114 Cases.

E. S. Judd, M. D.,  
Rochester, Minn.

It is my purpose to present a general review of the subject of tumors occurring in the urinary bladder, basing the study on data obtained from 114 cases which were observed in Mayo Clinic, St. Mary's Hospital.

According to Guret and Kuster, tumors of the bladder form .39 to .76 per cent of all tumors occurring in the human body.

With regard to the occurrence of this malady in the two sexes, males are affected about three times as often as females; 84 of our 114 cases were in males and 30 were in females.

Tumors of the bladder may be observed in all periods of life, though the condition is most frequently seen between the ages of 40 and 70 years. Tumors rarely occur in this region during childhood, though when they do occur they are usually of the con-

nective tissue variety, e. g., sarcomata. In all of our series we have not seen a single sarcoma; however, we have only observed one patient under ten years of age. This was a case of angioma presenting into the bladder and rectum.

TABLE I.

Patients under 10 years.....	1
Patients 10 to 20 years.....	3
Patients 20 to 30 years.....	5
Patients 30 to 40 years.....	11
Patients 40 to 50 years.....	16
Patients 50 to 60 years.....	35
Patients 60 to 70 years.....	30
Patients 70 to 80 years.....	12
Patients 80 to 90 years.....	1
<hr/>	
	114

Age of youngest with carcinoma.....17  
Age of oldest with carcinoma.....83  
Average age .....53.1 yrs.

Only three of the 114 cases were classified as distinctly benign. The remaining 111 were either papillomata or carcinomata. Of the benign cases, with the exception of the case of angioma, there were two fibromyomata, one occurring at 50 years of age and the other at 61 years.

\*Read in the Section on Surgery of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

**ETIOLOGY.** Our knowledge of the etiology of tumors of the bladder does not differ from our knowledge of the etiology of tumors in other regions. In some cases chronic irritation is undoubtedly a factor in producing a hyperplasia of the mucous membrane, and this may later become a neoplasm. In two of our cases in which a stone was found, the history indicated that it had preceded the tumor. The irritation from the stone might have been a causative factor in these two cases.

True stone formation was seen in but a small percentage of these cases, though most of the advanced cases had incrustations and deposits of salts on the surface of the tumor, which were clearly secondary to the formation and not an etiologic factor in the causation of the tumor. Some authorities attribute the origin of vesical tumors to parasitic causes, and, although nothing definite has been proved, it is at least interesting to note reports such as Ferguson's (Egypt), who found that in forty cases of primary malignancy of the bladder all had the bilharzia infection at the same time. The fact that individuals employed in anilin factories are especially prone to tumors of the bladder has been known for some time, and this is taken as a factor in support of the theory of irritation. Chronic cystitis is a symptom which usually develops after the growth is well advanced; it seldom precedes the growth.

**ANATOMIC FINDINGS.** The 114 cases in this report relate to those of primary vesical neoplasms and do not include tumors of the prostate or of any of the abdominal viscera which frequently invade the bladder from the outside.

Vesical tumors may be classified, according to the clinical course, into benign and malignant. The benign cases include the adenoma-fibroma and myoma. These cases are exceptionally rare; in the 114 cases we observed, but two were distinctly of this class. They were fibro-myomata. The malignant cases include carcinoma, sarcoma and myxoma. One hundred and eleven of our 114 cases were carcinomata or papillomata. The papilloma, which is by far the most common type of tumor of the urinary bladder, should be put into a class by itself. There has been considerable discussion regarding its malignancy, and most observers now recognize a benign and malignant type

and distinguish the malignant by the breaking through of the epithelial elements into the blood and lymph spaces or into the connective tissue.

Estimated from a clinical aspect, all papillomata are malignant and run the same course. They have the power to recur and also to destroy life in the same manner as do recognized malignant tumors. In all probability all papillomata would become malignant histologically if the patient lived long enough. Some papillomata are definitely malignant at the onset. In these there is a marked breaking through of the epithelial elements and a round-celled infiltration about the base. It is undoubtedly true that there is a transition from the so-called benign to the malignant type, and that we have in the simple papilloma at least a pre-cancerous condition. The papilloma varies in size from a small, fine fringe to a tumor which fills the bladder. The neoplasms occur in multiple in at least 50 per cent of the cases, usually one large tumor and a number of small ones.

In 22 of our cases more than one-half of the wall of the bladder was involved, and in four the bladder was completely filled by the growth.

In the great majority of cases the papillary tumors are situated on the basal portion of the bladder near one or the other of the ureters or at the urethral opening, which can be almost obscured by the villous tumor placed over it. They are more rarely on the lateral walls and only exceptionally in the dome.

Flattened epithelial cancer or epitheliomata occurred seventeen times in 114 cases. We have not observed a case of adenoma, sarcoma or dermoid in this entire series.

Two cases of fibro-myomata were examined in one week, and are the only cases of this type which have been observed in our clinic. I mention this to show the comparative rarity of these benign tumors.

**SYMPTOMS.** In 112 of the series the average duration of symptoms before the individual came for treatment was 36.59 months. Fourteen patients gave a history of symptoms over five years, and if these be omitted the average duration for the remaining 98 (two cases unknown duration) would be 21.14 months each. This would indicate that the patients had suffered for a long time before seeking relief, but it is not surprising

when we consider the manner in which the symptoms occurred and the interval of complete relief between attacks.

Bloody urine is a characteristic symptom. It nearly always occurs as a hemorrhage in the beginning, but soon subsides, leaving the individual apparently as well as before. There may be no recurrence of the hemorrhage for months or years, and during the interval there will be no microscopic evidence of blood. However, the bleeding will surely return and the intervals between will become less until the hemorrhage is continuous. Continuous hemorrhage invariably means malignancy. The sudden sharp hemorrhage which gradually clears away should always be suggestive of a tumor, especially if it be revived by local applications or the passing of sounds. Fragments of the tumor may be passed. If the tumor be situated so that it does not interfere with emptying the bladder, there may be no interference with urination after the blood has all passed. Cystitis usually develops between two to three years after the beginning of the symptoms, and from this time the frequency and pain gradually increase.

Hemorrhage is usually estimated to be the first symptom in 85 per cent of the cases. In this series bleeding occurred first in 69 cases (47.9 per cent).

TABLE II.  
(First Symptoms.)

Bleeding .....	69
Frequency .....	57
Pain before after with micturition.....	26
Burning .....	24
Hesitancy or difficulty.....	14
Pus in urine.....	2
Dribbling .....	1
No urinary symptoms.....	1
Tenesmus .....	1
Retention .....	2
Bloody diarrhea.....	1
Growth of exstrophy.....	1
Lump groin .....	1
Mass abdomen.....	1
Pain not accompanying micturition:	
Bearing down .....	1
Back .....	2
Lower down.....	2
Hyperchondrium .....	1
When defecating.....	1
In penis.....	1

Bleeding followed by pain and difficulty was the first symptom in the three benign cases.

TABLE III.

(Pain.)

Pain of some nature.....	88
No pain.....	26
Before micturition.....	4
During micturition.....	27
At end of micturition.....	7
After micturition.....	2

Pain was also present, not connected directly with micturition, in the bladder and lower abdomen and radiated into the back and lower limbs, especially in advanced malignancy.

Frequency from every few minutes to two times at night was noted in 92 cases.

BLOOD. Blood varied from slightly tinged urine or a single drop at end of urination to large amount of bright red blood and clots present in 93 cases. No blood in ten cases.

Forty-two patients had lost in weight. One patient gained; no change in four.

Practically every specimen of urine showed upon repeated examinations albumen, blood or red blood cells and pus. The reaction was inconstant, varying in the daily specimens from the same patient. Specific gravity was also inconstant and varied in the same way.

The prostate was enlarged in thirty-two of the cases and in two was involved secondary to the bladder involvement.

DIAGNOSIS. In many instances the diagnosis of these tumors can be established almost to a certainty from the history. Many times a fragment of the tumor large enough for a microscopic examination is passed, and by sectioning this the positive diagnosis is made.

The cystoscope has come into such common use and can be manipulated so safely that patients even with a slight indication of this sort of trouble should not be denied a cystoscopic examination. By this method of examination the source of the hemorrhage, the amount of accompanying cystitis, the exact position, size and number of tumors can be determined, and in nearly every case enough of the tumor can be excised through the cystoscope for microscopic diagnosis.

PROGNOSIS. The prognosis is always grave. Thirty-seven of our series of 114 patients were inoperable when examined, because of the extensive involvement by the tumors. Many others were in poor condition because

of infection which extended through the entire tract, as well as because of the loss of a great amount of blood. Fortunately, the extension into the lymphatics is very slow, and metastatic foci are seldom seen.

Recurrence in the bladder are very common, especially the papillary type of tumor. It is quite probable that many of the so-called recurrences are not recurrences, but lesions which were developing when the larger tumor was removed, but were too small to be seen. The recurring lesion seldom springs from the site of the primary growth. The recurrence may appear at any point in the bladder, though it will most often be seen as a fringe about the urethral orifice. In two of our advanced cases the growth was grafted into the incision in the abdominal wall and a large tumor sprang up in the scar. Recurrences at the outlet of the bladder probably occur from the grafting of cells that were brushed off in removing the tumor and were dropped into the bladder. By the natural contractions which force the urine out through the urethra these cells were pushed against and grafted on to the mucous membrane at this point.

**TREATMENT.** The treatment of tumors of the bladder consists of removal by excision and cautery and removal by cautery alone. If the case be obtained reasonably early and the individual be in good condition otherwise, removal by a radical excision of the tumor with a good sized piece of the wall of the bladder at its base is always the method of choice. This should be done through a suprapubic incision. If the lesion be high on either side or at the dome, it will not be necessary to open the peritoneum, but if the tumor be on or near the base, and a large percentage of the tumors are in this region, it is always advisable to open the peritoneum to obtain better exposure and thus do a more complete operation. The tumor should be excised with a cautery or the cut edges of the wall of the bladder should be cauterized after its removal. At the present time there is no argument in favor of the perineal or vaginal incision. A cleaner, more thorough excision with surer functional results and less risk to the patient can be done suprapubically.

For treating small, multiple papillomata, especially in patients with infected kidneys or who are in otherwise bad general condition, the Knitze high-frequency current operated through a cystoscope will accomplish good results. This is an exceptionally valu-

able method for treating recurrences, which are apt to be multiple and small.

During the past few years it has been our custom to instruct all patients operated on for tumors of the bladder to return every three to six months for cystoscopic examination. In this way we see any recurrences in the beginning, and by the application of the current are able to keep down suspicious granulating spots, and patients are kept comfortable for an indefinite length of time.

Up to the present time (May 1, 1912) we have performed twenty-eight transperitoneal excisions. In nine of these cases it was necessary to reimplant one ureter, since it was involved at its point of entrance into the bladder. There were thirty-three suprapubic excisions.

TABLE IV.—(Operations.)

Suprapubic .....	33
Transperitoneal .....	28
Transperitoneal, exploratory.....	4
Vaginal cystostomy .....	2
Perineal drain .....	2
High frequency.....	1
Inoperable .....	42
Complete removal of the bladder.....	2

114

The comparatively poor results obtained in the treatment of tumors of the urinary bladder is due largely to the fact that the condition is long standing and therefore too extensive to eradicate thoroughly. In no pathologic condition is early treatment more important than in these vesical tumors. As regards the ultimate cure: A small percentage of patients are absolutely cured, though many of them can be given a considerable prolongation of life and kept comfortable while they live.

#### RESULTS OF FULGERATION.

Seventeen growths were treated by fulgeration. This number included eleven cases of recurrence which had been operated in Mayo Clinic, St. Mary's Hospital, and elsewhere. Five of these were examined one year later and found to be well.

Fifteen months was the longest time any case was under observation after fulgeration.

Microscopic reports obtained in eleven cases. But two of these were non-malignant.

Only recurring growths treated.

Non-papillomatous carc. excluded, particularly if covering large areas.

Large and numerous papillomata excluded.

Number of treatments, three or four.

TO ILLUSTRATE ARTICLE BY DR. E. S. JUDD.



Fig. 1 (33449). Showing entire bladder (removed at operation) open. Two large carcinomatous masses in center.



Fig. 3 (34232). Malignant papilloma of bladder.



Fig. 2 (43956). Section through carcinomatous bladder. White center composed of a very cellular growth. Edges made up of short filiform papillary outgrowths.



Fig. 4 (29831). Multiple papilloma of bladder with long, thin projections.



Fig. 5 (44996). Multiple malignant papilloma of bladder—bulb-like in appearance.

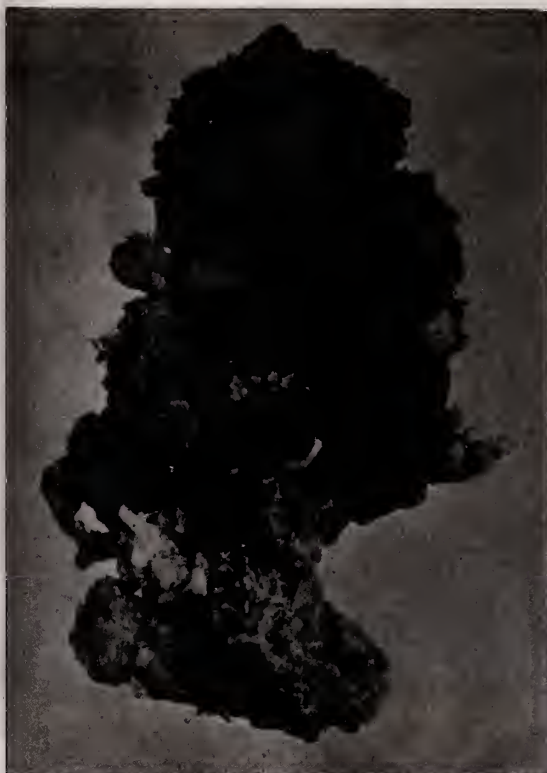


Fig. 7 (29510). Upper half shows malignant papilloma of bladder. Lower half shows bladder wall and surrounding fat.



Fig. 6 (44996). Section through largest growth in Fig. 5, showing attachment and blood supply of the out-growths.

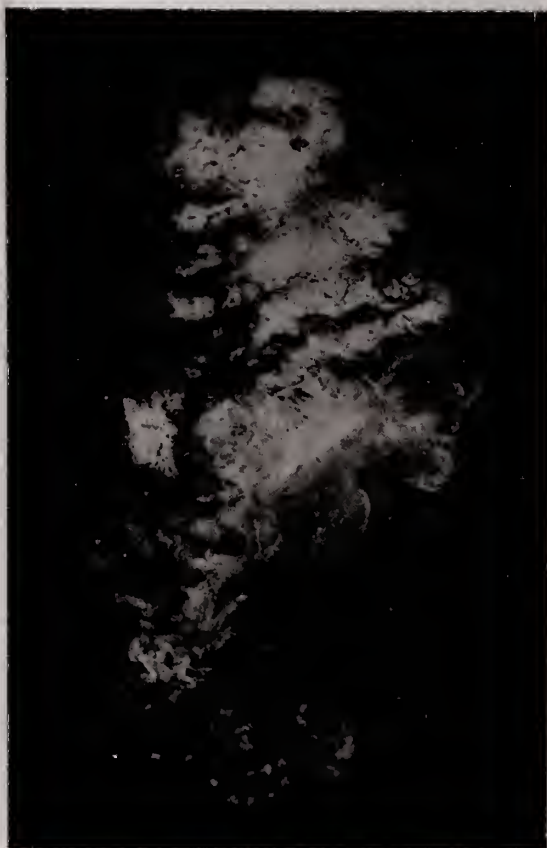


Fig. 8 (29510). Section through Fig. 7. Growth arising from wall of bladder is shown in upper half of picture. Wall of bladder is seen in center.



Fig. 9 (44496). Section through fibromyoma of bladder.

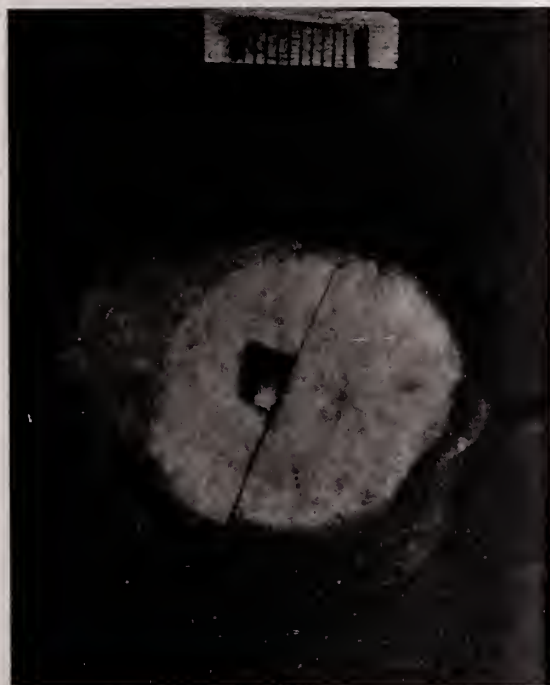


Fig. 10 (44028). Section through fibromyoma of bladder.  
(Block has been removed from center.)

#### DISCUSSION.

Dr. C. E. Bentley (Little Rock)—I am very much pleased with the paper of Dr. Judd. It is a very interesting one, and we are certainly under a

great indebtedness to him for demonstrating this very interesting subject. Of course, I do not have an opportunity to come in contact with so many of these cases as he does, although once in a while we do find them. I have had considerable experience along the line of papilloma of the bladder. I am awfully glad that I had an opportunity of being at the society this evening so that I could hear this description so well done by Dr. Judd.

Dr. J. A. Foltz (Fort Smith)—I want to thank the doctor for his paper. I do not feel competent to discuss it at any length, but would like to ask a question of information, and that is in these tumors in which he does not ligate the pedicle and takes the tumor out, removing a portion of the bladder wall, I would appreciate it if, in his closing remarks, he would discuss the technic of finishing that operation with particular reference to his method of hemostasis.

Dr. William Crutcher (Pine Bluff)—I think the reason that we did not discuss this paper at length is due to the fact that there is very little left to say. I would like to ask Dr. Judd one question, and that is my reason for rising. About fifteen years ago I saw a negro man in uremic coma, who died a very little while after I saw him, with a history of continuous bleeding from the urethral for about a month. No autopsy was performed at all. I would like to ask him whether any of these cases have more, or less continuous bleeding rather than a recurrence of severe hemorrhages?

Dr. Amis (Fort Smith)—As a practitioner of internal medicine, I would hardly be expected to discuss a paper like the one presented by Dr. Judd, but this comes to us from one of the world's great surgical centers by men in the forefront of surgery in this country, or in the world, and by men that are doing the highest class of surgery.

One thing I cannot understand is why our surgeons do not more readily discuss such papers by such men. I am glad that there are features about the paper that the general practitioner, one who does not do surgery, can be interested in as well as the surgeon, in those cases of chronic sufferers from bladder diseases and bladder disturbances. There are many things to be considered; assuredly they need relief, and the question of diagnosis is of first importance before we can determine what we will do with them as they come up before us in our general practice, and it matters not whether it is pleasant or otherwise, we have to dispose of these cases in some way. And the thought that Dr. Judd brings out concerning what a hemorrhage means, what an occasional hemorrhage means, what a frequent hemorrhage means, what a hemorrhage with portions of organized tissue passing from the bladder means is to me a great help in the matter of diagnosis, and what we may expect ultimately from this hemorrhage that tends to increase in frequency and severity until it becomes permanent, and again the hope of relief by an early operation, though we cannot always promise a cure, the hope of prolonging life and relieving suffering by an early operation will be greatly appreciated by those who are sorely tormented by these conditions. These are the points I gather from this excellent paper that I feel would be a benefit to us as internal medicine men in enabling us to diagnose these cases and dispose of them, to get them off of our hands and get them into somebody else's hands where it will be of some benefit to them. Those old bladder bleeders are nightmares to most of us in practice, because it is to do the same thing over in a short time that you had to do last month, two months, three months

or some time before, and it has been a question of what caused it, as well as why is this ghost ever and anon bobbing up to torment us. In these the essayists answer by telling us that there are surgical conditions. To the untrained mind the cystoscope does not reveal very much in the early stages of these bladder diseases. You see the bladder wall; it is probably congested or it shows some evidence of diseases immediately after hemorrhage, and a little later you don't see very much the matter with it. But these hemorrhages that tend to recur as the essayists point out, being invariably indicative of malignancy, would say to us, send the patient to a surgeon as early as you can, with the assurance that by this only is there something to be done to give him a chance for his life, to which every suffering human being is without question entitled.

In closing, I wish to thank the essayist for bringing to us the results of the very extensive clinical observations which the work that he and his associates are doing enables him to make.

Dr. Judd—By employing the transperitoneal method a better exposure is obtained, so that the hemorrhage can be controlled by running sutures or cautery. Occasionally the cavity left by the removal of the tumor will have to be packed.

Regarding the case of continuous bleeding, I think that in all probability a malignant tumor was present in the bladder. In looking over the statistics of our cases, we find intermittent bleeding to be associated with benign papillomata. A breaking off or erosion of these papillomatous growths causes the hemorrhage. If the erosion becomes malignant, the bleeding will be continuous; but if it is not malignant, the bleeding will be intermittent.

## THE DIAGNOSIS AND TREATMENT OF PRURITUS.\*

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I have selected a topic which is of interest not only to the general practitioner, but to the specialist as well, largely because this is one about which all of us know so little.

The symptom of itching is common to many skin affections, and because of its frequency it is often underestimated in its significance.

The study of itching has brought us no nearer to its actual origin, and in spite of many theories we are still compelled to accept itching as a local disturbance of the nerve endings in the skin, occasioned by pressure, due to exudates or to increased vaso-motor tension.

It is true that an "itching center" has been theorized, but this is not yet proven

and we must speculate as to the relation of local disturbances and central control. Perhaps a better conception of itching might be derived if the exact location of a central relation were established, but in the meantime we must be content to take the symptom of itching and correlate it with the conditions and diseases in which it is found.

Ordinarily the consideration of pruritus is based upon the local evidences, and in the absence of manifestations of scratch marks on the skin, pruritus becomes a pure neurosis or anomaly of sensation, independent of any local disease.

If we are to have any conception of pruritus, some classification of types must be presented and their differentiation established, and it is with a view to such that this paper has been written; if the diagnosis of a disease is made, the treatment comes easier.

Pruritus is never idiopathic; even when it seems purely anomalous there is some underlying cause. With most types of pruritus the cause is quite patent and the association with particular diseases is clear.

If we accept the usual arrangement of diseases of the skin into divisions we can group those which itch under each head, and by studying the characteristics of itching in each disease we can find some points of difference which belong to the particular type.

The usual groups of skin diseases (classification of the American Dermatological Association, based upon Hebra's divisions) are:

1. Hyperemias.
2. Neuroses.
3. Inflammations.
4. Hemorrhages.
5. Diseases of the appendages.
6. Parasitic diseases.
7. Atrophies.
8. Hypertrophies.
9. New growths.

Because itching is essentially a neurosis, it is obvious that those groups may be excluded in which reflex disturbances may not occur, so we may dismiss the groups of *atrophies* and *hypertrophies*. In the group of *hyperemias*, most of the diseases are so superficial as to present no evidence of exudate, and, therefore, in these itching is not common and, if present, is purely occasional. The sole exception is *scarlatiniform erythema*, in which itching occurs as the skin

\*Read in the Section on Dermatology and Syphilology at the Thirty-sixth Annual Session of the Arkansas Medical Society, Hot Springs, May, 1912.

thickens after the erythema subsides. The limitation of the itching to the points of thickened skin, namely, the digits chiefly, makes a very clear differentiation in diagnosis, as no other disease has exactly the same associated symptoms. With the *diseases of the appendages*, it is evident that only those would need consideration which are sufficiently acute to occasion peripheral nerve disturbances, or sufficiently involved as to associate the nerves in their processes.

There need be reviewed, then, only such diseases of the hair follicles as *sycosis* and *folliculitis*, both localized in the hair receptacles themselves and itching only so long as the follicle is turgescient, the itching disappearing as soon as pustulation supervenes, and this is usually rapid.

Of the fat glands, *acne* is the only disease of inflammatory type, and here itching is rare, because *acne* is so slow in its process that the inflammation is usually limited to the gland itself and the nerve endings in the vicinity, or the nerve bodies in the skin, are not involved.

With the sweat gland diseases, itching has more significance, and, with the exception of the structural tumor formations, practically all of the sweat gland diseases itch.

The listing of these with the cardinal features of each related to itching will make the differentiation easier.

**HYPERIDROSIS.** The excess of sweating macerates the skin, and making it tender occasions the irritation which causes the itching. This is especially true on the hands, feet and in the folds of the skin. The occasional, extraordinary, limited area of sweating, as on the end of the nose, upper lip, etc., is usually an anomaly with which itching may or may not be associated. The sweating and itching make the diagnosis.

**BROMIDROSIS.** The location of this condition is usually restricted to the feet, axillae and around the genital and anal folds. In addition to the sweating, which is profuse, the ammoniacal derivatives causing the odor are additional factors in the irritation, and itching is almost a constant symptom. Here, again, the diagnosis can be made objectively.

**MILIARIA.** (*Lichen tropicus*. "prickly heat.") The season, pin-point eruption, highly inflamed, in patches, evanescent character, diagnose this eruption which, because

of its nature, explains the intense associated itching.

**SUDAMEN (-INA).** Rarely inflammatory; when inflamed itching is associated because of the pressure occasioned by the contained sweat in the small, closely packed vesicles. The occurrence of this eruption on the backs of the hands, wings of the nose and rarely anywhere else, make the diagnosis.

**POMPHOLIX.** Associated always with sweating of the hands and feet; most common in hot weather, but may occur at other times. Essentially due to vaso-motor disturbance, cardiac in its origin; found in 90 per cent of cases among excessive smokers of tobacco. The characteristic grouping of deep-seated vesicles along the axes, on the flexors of the hands and digits, and along the sides of the feet, make the diagnosis. Itching is intense, worse at night, and usually persists until the vesicles are broken. Comparable with no other disease in its clinical essentials.

**ANIDROSIS.** Following fevers, and sometimes related to general neurotic disturbances, the skin may become supernaturally dry and remain so for days. Exceptionally limited areas are so affected, notably the scalp, palms and soles. In all types of anidrosis itching is a transitory but invariable accompaniment, with paroxysms of itching coming on at almost any time. The history of the case, the dryness of the skin, and the scaling make the diagnosis here.

**PARASITIC AFFECTIONS.** All parasitic diseases may itch; the animal parasitic diseases are essentially pruritic. This group includes the following, with their characteristics:

**PEDICULOSIS CAPITIS.** On the head lice leave their nits on the hair and, feeding on the triangle of the neck, show papules and pustules here. The itching, therefore, is for the most part on the back of the neck, while the scratching of the scalp itself, especially in the occipital region, is a sign of the disease. Itching of the scalp may be due to lack of function in the fat and sweat glands, but with these conditions no such lesions as above described are found.

**PEDICULOSIS CORPORIS.** In mild types, limited to the shoulders, back, arms and thighs. Numerous blood-topped papules showing where the parasites have fed or where the individual has torn the papules to relieve

the irritation caused by the bite. Associated are long scratch marks, usually following the line of travel of the parasite.

In itching diseases the long scratch mark has a peculiar significance which may be noted here. Diseases which itch intensely usually itch in a punctate way and the scratching is done by the digging of the finger nails. Such scratching may be dubbed the scratching of necessity; the long, leisurely stroke of convenience or satisfaction gives comfort, but is not applied for the immediate relief of intense itching, and we may call such scratching the scratching of luxury. The significance is obvious; dug-out scratch marks are the evidence of intense itching, while long scratch marks indicate itching which is either occasional or so insignificant as to demand no great relief. The differentiation in given eruptions, then, is frequently determined by the character of the scratch marks.

This brings us to the consideration of that variety of pediculosis corporis which is known as the "*Vagabond's Disease*." Here the victim of the pediculosis has been the host of the parasite for an interminable time, with the result that his emaciated body is covered with all kinds of scratch marks, papules and pustules, and, in addition, the deep-seated splotches of pigment which are souvenirs of former lesions. Such are found in the inmates of prisons, almshouses, asylums, and may be seen among the ubiquitous patrons of the eleemosynary clinic.

**PEDICULOSIS PUBIS.** The crab louse has its usual habitat at the root of the hair of the pubis. It nests over the follicle and feeds on the little papilla which nourishes the bulb of the hair. The excrement of the insect is deposited and frequently is absorbed in the cutaneous capillaries occasioning the sky blue macules which are sometimes seen over the sides of the abdomen and in the triangles of the femoral regions. The itching is only at the site which the insect occupies and usually is evidenced by no lesions.

The crab louse migrates and may travel down the leg, up the abdomen, over the chest, and even to the hairy parts of the head and face, including the hair of the lashes, on the brows, and in the nostrils and ear canals. Itching, of course, may occur wherever the parasite locates, but the presence of the insect makes the diagnosis.

**SCABIES.** The "itch," which has existed since the Biblical description of it and probably since time began, is one of the more characteristic of itching diseases. Aside from the peculiar habit of the parasite in burrowing at the flexures and on the flexor surfaces of the body (excepting only the face, head and neck; at the angles of the ears in infants the disease is found), the disease may, when lasting for a long time, establish its proverbial title of the "Seven Years' Itch."

The itching is due to the burrowing of the parasite, in the first instance, and, secondly, to the traveling of the mite over the body when the victim is in repose. So it is that while the itching may be diurnal, its worst symptoms occur at night and usually just at the time when sleep is most precious, between the hours of 12 and 2. The intense attacks on many parts of the body at the same time waken the individual in agony, and often the pallid face indicative of sleepless nights shows the anxiety which results from the experience. No other disease has such a habit.

The *vegetable parasitic diseases* are so definite in their various lesions that the itching referred to the particular areas of selection in location and distribution call attention to the lesions, and with the scaling macules of irregular form differing in each variety, the diagnosis is first suspected and may be proven by the microscopic examination of the fungus found.

Among the *new growths* only the premycotic condition of granuloma fungoides is characterized by itching, and as this is a parasitic condition attended with inflammation and localized, the differentiation of the lesion itself establishes the diagnosis.

The early erythematous macules of *leprosy* are hyperesthetic and itching may obtain, but this is rare; rare enough to be discarded in the consideration of pruritic types.

In *hemorrhages* the fluid character of the lesions, always initially superficial in type, precludes much itching and it is a matter of observation that the itching in these diseases usually is more common with the fading eruption than with the onset of the disease; in other words, the pigmenting souvenirs of the eruption, hemorrhagic in type, may itch.

This leaves for our consideration the group of *inflammations*, or exudative diseases, and the *neuroses*.

Among these it may be stated that all of the inflammations itch more or less, while, of the neuroses, only the anomaly of sensation referred to as *pruritus* needs to be considered.

Among the inflammations the obvious presence of the eruption in almost every type and variety of disease allows the determination of the diagnosis, but itching in some of these is an essential symptom which should be specified. A brief enumeration of those diseases in which itching is a factor of diagnosis will help.

**ERYTHEMA MULTIFORME.** All types, excepting the vesicular and bullous, itch; in *herpes gestationis* itching is frequently an initial symptom, but disappears when the eruption of vesicles is well out. In other types the itching lasts as long as the eruption shows, being almost constant.

**URTICARIA.** The highest order of reflex vaso-motor disturbance and, depending upon its cause, the itching is either paroxysmal or constant. If from some dietary disturbance, the elimination of the toxic substance causing the reflex will stop the itching. Urticaria, however, is of a large variety of origin, its causal factors including foods, drugs, sera, anaphylaxis, nervous reflexes, such as eye strain, excitement, fright, and even established neuroses, so that here, as in primary pruritus, it is essential to discover the cause to make a differential diagnosis.

Some facts may be stated as absolute in the consideration of urticaria, such as the smaller the lesion the more chronic the type. The only exception to this is in angio-neurotic edema, in which the limitation of the eruption to the muco-cutaneous orifices explains the larger lesions. The smaller the lesions the more numerous they are, and the obverse obtains with the larger lesions. The smaller the lesions, the greater the itching, and therefore, the more deep-seated, the more persistent the lesions are. The smaller the lesions, the more tendency to bilateral symmetry, but the larger the lesion, the more irregular the distribution and location.

Urticaria is essentially characterized by the edematous papule, which is known as a "wheal," and, with the exception of some

rare types of erythema multiforme, no other disease presents such lesions.

**PRURIGO.** A rare disease beginning in early life and presenting as its characteristics closely peppered papules found on the extensor surfaces of the extremities. Here the itching is a constant and essential factor, and, unless relieved, occasions a final state of marasmus which carries off the victim of the disease. No other disease has like characteristics.

**LICHEN RUBER.** A disease beginning in the hair follicle and made up of patches of papules so close together that they seem to be elevations in a mass of erythema. The lesions persist as they come, and itch paroxysmally as long as they are present. Diagnosed on the bilateral symmetry of the eruption and the characteristic integrity of the individual lesion in the patch.

**LICHEN SIMPLEX.** Ovoid areas of rose-colored papules between the lines of cleavage of the skin. Itching frequently, but not all the time. A rare disease.

**LICHEN PLANUS.** Irregular patches of flat-topped geometric papules, itching paroxysmally. There may be few or many patches, usually with no tendency to symmetry in their selective location. The violaceous color is characteristic and is found even in the negro race.

**ECZEMA.** The exudative nature of eczema, which is usually a catarrh, explains the reason for the constant factor of itching, which is present in every type, no matter what the location or distribution. It requires the scratching often to establish the chronic types of the disease, but the itching is so severe that few victims of eczema can be made to resist the desire to scratch.

**DERMATITIS HERPETIFORMIS.** In the papular varieties the itching is localized in the eruption and persists throughout the disease; in the vesicular types the itching ushers in the eruption and may persist, but, usually, areas near the eruption itch more than the lesions do when they are fully developed.

**DRUG ERUPTIONS.** Quinin, the coal tar preparations and arsenic are the chief drugs which cause itching. Individuals susceptible to quinin first show the itching in the tips of the fingers and the ends of the toes; the itching here is intense and characteristic. With other drugs the itching is usually gen-

eral and may be associated with rashes suggestive of the origin of the itching. (*Vide urticaria, supra.*)

**THE EXANTHEMATA.** Scarlet fever, the types of measles, dengue, influenza and other casual eruptions related to fevers itch, usually most when they come out. In smallpox the itching is persistent through the vesicular stage, worst, however, with the first eruption of papules. This point is a frequent differential element when confusion arises between smallpox and syphilis and between smallpox and pemphigus; a confusion which is, unfortunately, too frequent in actual experience.

As said above, practically all of the exudative diseases not enumerated among those specifically exemplified have more or less itching, the degree depending entirely upon the extent of the exudate.

*Pruritus* as a neurosis may be considered from its objective essentials of location and distribution, and, if this is done, the recognition of the casual factor may be easier.

**GENERAL PRURITUS.** General itching with no lesions to show on the skin is either due to the clothing, to diet, or to such general diseases as diabetes, icterus, or a uric acid diathesis. Where the itching is found below the waist line, it is wise to examine the urine for excess of indican or the presence of sugar. Failing in these, if the subject is one of the male sex, the presence of enlarged scrotal veins or of redundant tissue should be looked for.

**LOCALIZED PRURITUS.** Is nearly always of local origin, but sometimes the general causes above enumerated may be fanciful in their selection of location. One case may be instanced in which a limited area of pruritus on the upper lip and about the nose was relieved by an operation on the gall duct for obstruction.

**ANAL PRURITUS.** Is due more often to fissures or hemorrhoids than to other causes, but the presence of some forms of intestinal worm and its removal may relieve the symptoms of itching; all of these should be investigated.

**VULVAR PRURITUS.** Is often due to accumulated secretions, but sometimes may be occasioned by lacerated cervix, tumors within the uterus, discharges from the uterine canal, or to diseased condition of the appendages.

In eliminating the causes of pruritus vulvae, the infection and congestion of the little glands which border the labia majora should be investigated. Frequently two or three of these will occasion the same amount of distress in itching and in pain as if a much more potent factor were at work. The installation of a weak nitrate of silver solution into the orifices of these glands will often cure a pruritus of long standing.

**PRURITUS HIEMALIS**, or winter itch, is often as frequent in the changing season and other times of the year as in winter. Clothing, diet or habit is usually responsible.

Finally, that bug-bear, *pruritus senilis*, should be considered. Usually explained by the degenerative changes in the skin, the itching of old age is often severe and hard to reach. The investigation of functions and habits of the patient will often clear up some simple cause and bring relief. Where the patient is superannuated, no cause but time can be found.

**THE TREATMENT OF PRURITUS.** It is apparent that the relief of the pruritus in the varieties which are related to established skin diseases must be dependent upon the control of the primary disease; where the pruritus is primary the question is more complicated. In all itching diseases the symptoms of itching must be relieved, before the cure of the disease is possible.

There are no specifics for itching, but there are medications in particular diseases which may apply for general use, of course, individualizing the case in hand.

In *herpetiform dermatitis*, arsenic is the prime treatment for the nervous basis of the disease, and its administration is largely corrective of the itching. The same reasoning applies in other diseases of neuropathic origin, as the lichen group, *L. planus*, *L. ruber*, *L. simplex*, and especially with *prurigo*, a disease which yields more readily to arsenic than to any other known remedy. The derivatives of wheat and oats may aid in these types and the tincture of *avena sativa* (wild oats) is of especial usefulness, given in conjunction with the arsenic. Where there is no neuropathic cause or association, the arsenic not only does no good, but it may actually do harm by local overstimulation.

Strychnin serves excellently in the vasomotor disturbances with itching, such as *pompholix*, types of *erythema multiforme*, some *urticarias* and the like.

Phosphid of zinc acts similarly, and is of special service in chronic itching diseases.

Each of the above remedies should be given over some period of time and none is immediate in effect.

Pruritus as a condition without eruptive evidences is almost always either acute or periodic in its attacks. The violence of itching may be controlled by several remedies; the same may be employed to relieve the attacks of acute type in the itching of any disease.

Chloretone stands highest in efficacy for quick action and may be given in three- to five-grain doses every fifteen minutes until twenty or thirty grains have been taken; usually a single dose of five grains, repeated in two hours, is sufficient.

*Cannabis indica*, in the fluid extract, may be used every hour in five-drop doses; as soon as the acute itching is controlled, the dose may be reduced and the period of administration lengthened to every three or four hours. *Cannabis indica* may be given for a long time, if control is needed.

Chlorid of calcium is of service in senile pruritus and in all itching where there is any suggestion or evidence of lowered coagulability. Freshly prepared chlorid of calcium may be administered in five- to fifteen-grain doses, well diluted and repeated every three or four hours. An elixir is made by one of the manufacturers, but it should always be dispensed fresh.

Antipyrin and salicylate of soda, used in combination, serve best in gouty subjects or in uric acid cases. The use of the sodium and potassium citrates, at the same time, materially aids in the treatment.

Gelsemium, codein, veratrum viride, bromids, chloral hydrat and chloroform are among the antispasmodics which have good effect in stopping the paroxysms of itching, but any and all of these may be relegated until the above named drugs have been first essayed.

The too free use of morphin for itching should be condemned on the ground that it has to be repeated, once employed, because when the patient recovers from the morphin the itching may be worse, through a lowered resistance in an already overstrung subject.

With all cases of pruritus, mild laxatives, diuretics, mineral waters of alkaline sorts, diet restrictions and limitations by injunc-

tion, habits, etc., should be carefully weighed and considered where indicated. Often general advice will help where specifics may fail.

The local treatment of pruritus is of considerable importance and needs to be suited to the particular case. Some general indications may be submitted:

Baths.—General baths are of supreme service in the treatment of itching, and these should be taken as hot as can be comfortably borne. Such baths may be employed in all diseases or conditions where itching is general. The baths may be plain or may carry such emollients as starch, marshmallow or bran (in bags), or alkalies may be added, such as carbonate of soda (5ss to ʒi to thirty gallons of water), household ammonia (ʒi, ʒii to the thirty gallons), or sulphuret of potassium (ʒii, ʒi to the bath), the last named being especially indicated in all parasitic diseases, vegetable or animal.

Wet dressings may be substituted for the general bath, when the itching is so localized as to permit of such. The dressings should be kept wet with saturated boracic acid solution, 1-5,000 to 1-10,000 bichlorid solution, 1 per cent carbolic acid solution, 1-5,000 permanganate of potash solution, or 1 or 2 per cent solutions of resorcin, in water always.

Wet dressings are of particular value in all eczemas, the lichens, and in edematous conditions. Fixed dressings of coal tar made into a felt with superimposed cotton may be applied and left in place for days at a time. The same procedure applies to kaolin dressings, of which antiphlogistine is a type. Similar dressings may be made with gelatin and its congeners. Even dry cotton may be firmly bound in place, when such a dressing can be so fixed that the patient cannot remove it easily.

Topical remedies are numerous, and there are to mention in this catalog such agents as menthol, carbolic acid, resorcin, salicylic acid, the tar preparations, hydrocyanic acid and such alkalies as bicarbonat of soda.

Oily substances may be employed and the old-fashioned carron oil may be used as a vehicle for such antiprurics as carbolic acid, camphor and chloral hydrat. Cocoa butter and cocoanut oil are excellent protective applications when the skin is dry.

An oily substance of excellent antipruritic value in small areas may be derived

by combining carbolic acid, menthol, camphor and chloral hydrat, and this may be diluted with any of the simple oils.

Itching of the anal area is frequently relieved by ergot, used either in ointment made with the fluid extract or in suppository with the solid extract. Here, of course, intestinal parasites should be excluded or removed. Infusion of quassia is of service in the removal of small worms.

Genital pruritis is often helped with weak resorcin solutions. Vulvar pruritus has already been discussed, but it is always best to use wet dressings here, as oily substances or greasy ointments only tend to irritate when left on any time, and their removal requires too much handling of the parts.

Finally, the use of both the X-ray and high frequency currents should be mentioned. The use of the high frequency spark over the sacral flexus is an excellent adjuvant for genital pruritus and a systematic general effleuve will often aid when other remedial agents fail.

All cases of pruritus should be studied as individual types, and the etiology should be determined when possible; then the way to cure will be easier.

#### DISCUSSION.

Dr. Francis Reeder (St. Louis)—The splendid exposition by Dr. Dyer that you have listened to is a subject most worthy of a very liberal discussion, simply because it comes home to most of us. There is no practicing physician who has not met with some cases of itching, some cases for which he could do much good, and then some cases for which he was not able to do any good. I dare say that those cases which he met where he could do little or no good really outnumbered those for which he was able to do some good. In drawing a line as far as this affection is concerned, you may say that the younger the subject the more favorable is the treatment, and the older the subject the more unfavorable. Again, treatment is more favorable with the male than with the female. In females I wish to lay particular stress upon that dangerous time in life, the change of life. The percentage of women battling with the change of life that are placed in an insane asylum, or well near to it, on account of itching, is great.

I have listened with a great deal of interest to the doctor's paper. He has covered the subject most ably and thoroughly, but I do wish to speak of one form of itching simply because these cases of itching—and I am very grateful that not many have come under my observation—tax the physician to his utmost. Practically nothing could be done for them. The form of itching I have reference to is the itching associated with icterus gravis.

You heard the doctor say that morphin should not be administered in any form of itching, and he gives his reasons why. In these cases I have found morphin to be the only remedy that gave

my patients any relief. It was absolutely necessary that relief should be given, and, although I invariably restrained myself in limiting the number of hypodermics of morphin on account of the already depressed condition of the system, I felt it my duty to have recourse to as many hypodermics of morphin as in my judgment the conditions demanded.

Here we have a form of itching that is distinctly peripheral. It is a form of itching excited by a chemico-physiological reaction that takes place in the blood, controlled—and you have heard Dr. Dyer say controlled—by the central nervous system. It is an itching that will almost rob a patient of his senses. Everything medicinally has been tried for its alleviation, and I can say that morphin has proven to be the only remedy.

Dr. Andrew Sargent (Louisville)—I am a visitor from Kentucky. I regret this paper has not been more fully discussed than it has been. It is certainly a very practical subject that Dr. Dyer has presented to us. We have all had experience with pruritus in one way or another. I fancy most of us have had some personal experience with it. The comprehensive manner in which the essayist has handled in detail the most important, the most prominent and conspicuous of skin diseases is very admirable indeed, and I fully agree with him in the broad view that he takes of it, in not confining his theory or his treatment to simply the external manifestations that we see in pruritus. The skin is the external nerve system, it is that protective covering and coat that stands at the surface to warn us of the dangers that are inside. The development of the mucous membrane in the skin is derived from the same blastodermic membrane, and when we find lesions upon the skin we must look to the other side, the mucous membrane. In my experience very largely they are reflexes. They come from poisoning or irritation or auto-infectious conditions that come from the mucous membrane. In treating these cases I first want to get the skin cleaned. Then I want to get the mucous membrane cleaned. The patient should be put usually to rest. These people are usually worn out. They are broken down; they are debilitated; they are overtaxed; they are overstrained; they are overworked. But before we do that we must clean them out on the inside. Nothing in my experience has been so satisfactory as the use of calomel, followed by a saline and colonic flushing. I have put them to bed and washed out the entire alimentary canal until the water and fecal matter is vomited. After this you can apply indicated treatment with effectiveness.

In closing, I beg to call his attention to tinea versicolor and herpes zoster that he did not mention.

Dr. Cook (Hot Springs)—I have recently seen a case of pruritus vulvae in which the entire external genitalia were removed for the cure of the disease. I will state that several remedies which were mentioned by Dr. Dyer were used; salicylic acid, resorcin, carbolic acid and bicarbonat of soda, without avail. The etiology was sought for, but could not be found out, necessitating operation to cure.

Dr. Bathurst (Little Rock)—There is one point in Dr. Dyer's paper, I think, that will impress all of you, especially after having such a complete paper covering itching conditions of the skin, and that is the necessity of studying the whole of the body surface when itching is complained of.

I want to take this opportunity to thank Dr. Dyer for his presence and for his excellent paper.

Dr. Dyer—I am pleased that the only serious criticism of the paper in the discussion was with regard to the use of morphin. I am not a purist,

Dr. Reder. I would like to read to you the actual words in the sentence referring to morphin: "The too free use of morphin should be condemned." That means the privilege of using it where necessity demands it. I did not exclude the use of morphin for itching, but condemned its too free use. A man who is called in the middle of the night to a patient violently scratching, without trying to find out what is the matter, gives a hypodermic. I have seen it, and then I have had to correct the morphin habit of the patient by gradually reducing it in order that I could treat the disease.

The appreciation of the paper, as expressed by the gentleman from Kentucky, Dr. Sargent, is gratifying to me indeed, and I would like to acknowledge that herpes zoster should have been enumerated among the diseases grouped of inflammations which itch, that it is as intense as the eruption causing it, and should have been included.

Tinea versicolor is not an itching disease. A patient will often carry it for a long while without knowing its presence. That is the simplest of the parasitic infections of the skin. It is due to a parasite which is so superficial in character that as a demonstration in the clinic I will often cut the initial of the patient's name from an ordinary adhesive plaster and put it over the area and leave it on forty-eight hours and let him come back and remove the plaster, and he has the initial on a healthy skin. It is too superficial to cause any peripheral irritation, if you excuse my differing with you in excluding it.

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### WHAT THE GENERAL PRACTITIONER TOO OFTEN OVERLOOKS.\*

By William Breathwit, M. D.,  
Pine Bluff.

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In selecting title for this paper I want to disclaim any intent to bring an indictment against the general practitioner. I am willing to confess at the outset that he makes fewer oversights proportionately than does the surgeon or specialist, but his proportion of work is so very comprehensive that we very probably magnify his few oversights. When the chairman of this section requested me to present a paper he did so for the purpose of having brought out some of the throat conditions in childhood that oftentimes tax the skill as well as the patience of all of us—maybe I should say any of us. I believe that if I were to accuse the general practitioner of dereliction, it would be because of too superficial an examination, or no examination of the throat, in pediatric practice. On this make-believe indictment I am going to prosecute you, but this prosecution will consist of mentioning a simple

means of preventing a second indictment. A clean finger, or a dirty finger in case you forget, a spoon handle, a tongue depressor of any kind, with good daylight, or bright lamp light, will give you an opportunity to find if there is trouble in the throat. If you find trouble evidence, you are to perfect the above mentioned crude implements for those admitting of more precision, such as head mirror, good light, good tongue depression and a complete inspection of the tongue, tonsils, pharynx, naso-pharynx and lymph-glands surrounding the throat. In a great many febrile conditions of child life the primary source is in the throat, in fact such a great proportion is found here, especially among city school children, I bring this indictment against you. The commoner conditions are found about the tonsils. I doubt the wisdom of a detail of tonsillar troubles here, but daring the stones you may throw, I want to tell you that there is acute tonsillitis, and there is chronic tonsillitis; moreover I am going to dare to say to you that your discrimination in diagnosing and treating chronic tonsillitis will win or lose many of these battles for you. Just because I am devoting myself to special work along this line does not justify me in accusing you of dereliction, and that is not my reason, but rather the glow of health that I have so often seen follow the cure of chronic tonsillitis justifies me, and that is my reason. Acute tonsillitis, all of you see quite often and treat successfully, but when these acute conditions repeat themselves and gradually become chronic, your repeated examinations show you practically the same appearance from time to time, you begin to seek elsewhere for a more grave condition, and just here you overlook the best bet. I need not tell you of the lymphatic connections whereby systemic infection succeeds local infection. You know that rheumatic conditions oftentimes succeed tonsillar troubles, and you hedge by giving the salicylates. Do you know that chronic tonsillitis is one of the most prolific sources of tubercular infection the human system has to combat? It is. Continental as well as American surgeons have found giant cells or tubercle bacilli in about 67 per cent of tonsils removed because of chronic conditions. This applies to adult as well as child life. Now, let's consider the local complications. Chronic tonsillitis plus adenoids—and they

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\*Read in the Section on Diseases of Children of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

are always found together—produces mouth breathing, earaches and ear infections, succeeded by mastoid, it is a grave complication, and increase in deafness in later life as a remote grave condition. Then there is mental dullness, physical weakness and poor development, and a great many other large and small complications that I will not tire you by repeating. My reason for considering chronic conditions ahead of the acute is that they are more often overlooked. Acute throat troubles—this usually means tonsillar troubles—automatically attracts attention, because of pain on swallowing, temperature, etc. I am simply going to stress a point in the diagnosis of acute conditions. Excepting in epidemics we expect to find follicular infection with slight membrane formation, and usually do, but in many of these cases there is a borderland appearance clinically that compels some doubt to arise. None of us have trouble diagnosing typical cases, but the typical ones demonstrate skill and versatility. Of course if you can afford the time to make culture you can prove or disprove, but unfortunately we see a large proportion of these cases late, and see them when diagnosis should be made then; so I am going to give you my rule, it may be your rule already, but I have found it sound. Given a child with a sore throat, temperature, with or without pain on swallowing, a membrane covering the whole or a part of the tonsil and spreading from the tonsil onto the pillar—anterior or posterior—or uvula, this membrane adherent to the territory outside the tonsil, it is diphtheria, and you should administer maximum dose of anti-toxin at once. If the membrane protrudes from follicles only, or from follicles and largely covers tonsil with history of two or three days' standing, it is not diphtheria then, but since you have plentiful preparation made for the reception of the invading enemies, treat it as follicular trouble and watch for symptoms of diphtheria. The angina of scarlet fever is so familiar to all of you that I doubt the profit of dwelling on it here, except to say that I am trusting that in the near months a specific will be given us for it, and this will come as an anti-toxin or bacterin. There is another throat condition that I feel compelled to mention and consider from the standpoint of differentiation. I refer to laryngitis. The profession so clearly understands that

membranous croup of ten years was diphtheria then as well as now, that it is only mentioned in this connection for the purpose of boasting of our clear conception after years of density and unbelief. In laryngeal diphtheria we have laryngitis, in spasmodic croup we have laryngitis and in acute coryza we have laryngitis. These forms need to be amplified for safety sake and for the purpose of reassuring an anxious mother. In laryngeal diphtheria we have stridor or possibly entire loss of voice. We also have temperature—unless we happen in just before death closes the pitiful scene—in that event you may find subnormal temperature; we have what might be called a diphtheritic pulse, the anxious face and a dilated pupil. In spasmodic croup you have stridor, harsh, raspy voice and a typical cough, no temperature, and when there is no spasm, a normal pulse. In the laryngitis of acute coryza, or the so-called catarrhal laryngitis, you have loss of voice—partial or complete—no temperature, pulse normal and the child playful. Now, if you examine closely you will find in a large proportion of these cases of catarrhal laryngitis that they have chronic tonsillitis, and this chronic condition superinduces the other, because of venous engorgement and lymph stasis. I trust I am clear in this. It is not an easy matter, however well one is prepared to make an intro-laryngeal examination in a struggling child, that really gives you a diagnostic view, so we are after all forced back to the history and present conditions plus our laboratory facilities. I have seen many of these cases and have resorted to direct laryngoscopy, but in most instances I think well of the history and present condition. In membranous cases in which the membrane is plentiful there is no particular difficulty in finding it, but there are many cases in which the membrane is tracheal or all below the chords, but in these cases the present condition will make your diagnosis for you. So to recapitulate, let the conditions found after careful examination influence your diagnosis, believing that loss of voice—partial or complete—lasting over a period of days in which there is no urgent symptoms, is catarrhal in form, and confirm this in finding chronic tonsillitis in a greater number of the cases. The treatment of chronic tonsillitis is tonsillectomy,

not tonsillotomy. The snare is by far the safest instrument to operate with.

#### DISCUSSION.

Dr. Vinsonhaler (Little Rock)—I am very glad that the chairman has limited my remarks to the operative side of this question, because it is such a great question, such a large question, that it would be impossible to cover all of it with any degree of satisfaction, so that I shall speak of the operative technic in the removal of tonsils and adenoids. Before going into the technic of the operation, I shall speak in a general way of certain indications that ought to be met, I think, by every operator. The choice of anesthetics, the place of operation and position of the child I shall speak of before I go into the actual dissection and operative procedure for the removal of tonsils and adenoids; but, before doing that, I might say a word perhaps in reference to the choice of tonsils, you might say, for the operation.

Now, the impression seems to be (or, at least, it was with me for a long time) that only large tonsils were candidates for removal; that if you look into a child's throat and you do not find the tonsils end in the median line, that that child was not a candidate for tonsillotomy or tonsilleectomy, and the case was passed by. Now, we know as a matter of fact that the most injurious cases sometimes are what we are pleased to call the submerged tonsils, tonsils that do not protrude into the throat of the child, that are covered by the anterior pillar and are not at all prominent. These are the cases in which the crypts of the tonsils are perfect hotbeds of different sorts of germ breeding. They form the most fertile ground for the propagation of germs which enter the system in that way and cause the different diseases which Dr. Breathwit referred to. So, first of all, disabuse your mind of the idea that because a tonsil is not very large it ought not to be removed. Some of the most dangerous tonsils are what we call the submerged and small tonsils. So, that when we select our case for operation, we should be governed by that fact.

In reference to the anesthetic; that has been a subject of discussion for years. It is still one that the profession are very much divided upon. I know in the town in which I am living, in which I do my operating, there is a wide divergence of opinion there among the different members of the profession as to what anesthetic should be used. I shall not discuss the merits of the various anesthetics further than to say that, after considerable experience in trying all the different ones, I have settled down to the use of ether. I use ether preceded by laughing gas. I sometimes use gas for the purpose of bringing the child under the anesthetic and doing away with that stage of excitation which is always distressing to the attendant and sometimes to the parents, if they are allowed to be present, which precedes complete anesthetization by ether. Ether is the anesthetic par excellence in the removal of adenoids and tonsils, and to my mind is the only anesthetic that should be used except under certain conditions. I think the use of chloroform is unsafe. I think the use of the chlorid of ethyl is unsafe. I think somnoform, although it has a good many adherents, is not a safe anesthetic to use. So, I will say, therefore, that the anesthetic that I advise above all others is ether. There are certain objections to ether. It increases the hemorrhage. It causes an increase in the amount of mucus in the respiratory tract and makes the operation much more difficult than any other anesthetic, but its great safety more than counterbalances the disadvantage of administering

it in this operation. I think the remark of one distinguished operator is the best expression that I can give to my ideas in reference to the use of ether. He says, "Doctor, the children that take ether come back. The children that do not take ether do not all come back." And if you were going to operate on your own child, one of the things you ought to think of is, operate on the other fellow's child in just the same way you are going to operate on your own, and, if you do that, I think in the majority of cases you will select the safest anesthetic, notwithstanding there are objections to its use.

Another difficulty I had to overcome in operating was illumination. I do not think any man ought to go down after tonsils until he can see them. The first incision with the scissors, or whatever instrument you see fit to use, in separating the tonsil from its attachment to the pillar, is followed by hemorrhage, the throat fills with blood, and if you haven't sufficient illumination to see what you are doing, the chances are you go to work blindly and do an imperfect operation and will leave part of the tonsil. I think most mistakes the doctors make in doing tonsillar operations is first in not having sufficient illumination to see what they are doing. Most men know what to do when they see what they are doing, but it is where they begin to grope a little blindly and cannot see exactly what they are doing that most mistakes are made. How are we to get sufficient illumination? In the first place, the mouth should be kept open with a Whitehead mouth gag. Different operators have their preference in reference to mouth gags, but the Whitehead is the only one I ever saw that would remain in the mouth during the operation and never come out, and that is quite a consideration. I find the most efficient source of illumination to be the electric headlight. It makes no difference what position the child's head may be in, you can constantly concentrate this beam of electric light into the throat and illuminate it thoroughly. Other operators, of course, use the forehead mirror. Some of them depend entirely upon the light which comes from the window. I have used both of those methods and I find them very embarrassing sometimes. Still, of course, we are compelled to use them occasionally when we cannot get anything else. But I would advise the man who expects to do tonsillar work to get him an electric headlight, and if he is operating in a place where there is no electricity, to get him one of those portable batteries by which he can secure a constant and uniform source of light. It will repay him for the expenditure, and it will make that operative work much more satisfactory. So much, therefore, for the source of light.

Now, in operating I use a darkened room. I do that because the blending of the daylight which comes through the window, especially in some of these operating rooms, with the electric light makes the source of light sometimes very confusing. In those cases I pull down the window blinds so that the room is slightly darkened; and in that way you get perfect and complete illumination of the throat.

Now, the child being under the anesthetic, placed upon its back on the operating table or upon any other kind of table that you see fit to use, the mouth separated with a mouth gag, the tongue held down by a tongue depressor, which is given over to the assistant, you throw the beam of light into the throat. Remove the mucus which has accumulated with a little gauze and thoroughly clear the throat. I should say that the anesthesia should be carried pretty profoundly. When that is done, the right tonsil should be seized. I do not mean the left tonsil, I mean the right tonsil; and I shall

explain to you later why I say that. I use either the Ballenger or Andrews forceps or the Norville-Pierce. If the child is ten or twelve years of age, with rather a large pharynx, I use the Ballenger forceps, because I can get greater leverage on the tonsil with that than any other forceps. Not being able to use that, owing to the smallness of the pharynx or extremely large tonsil, I use the Norville-Pierce or Andrews, because it gives more room for the manipulation of the tonsils. Having seized the right tonsil with the forceps, I simply turn it outwards in the flues. In that way I cause the upper portion of the tonsil to protrude outward. Then, taking a pair of curved scissors, either the Yaukauer or Griffin's tonsil scissors, I cut directly from the upper edge of the tonsil with these two blades of the scissors, slipping and passing them directly down the capsule of the tonsil. After passing the scissors down half way behind the tonsil, you can feel the tissue give directly in front of the blades of the scissors. I close the blades of the scissors and cause the scissors to act as a blunt dissector. That is, separating the tonsil from exactly in the center anteriorly to the anterior pillar and posteriorly. If you close the blades of the scissors you can't possibly do any harm, because the points are blunt. In that way you are making a blunt dissection and you are avoiding to a great extent the bugbear of all operators—that is, the danger of hemorrhage.

Having separated the upper half of the tonsil or the upper two-thirds of the tonsil, as the case may be, take a cold wire snare and slip over the forceps and carry it down over the tonsil and remove it. You can take all the time you want to do that. If you want to remove the tonsil in a bloodless way, you take considerable time perhaps in bringing the wire around the base of the tonsil and in cutting it off. But my advice to you is to take it off at once and not to spend too much time endeavoring to avoid hemorrhage in that way, because you have already got a great deal from the cut surface made with the scissors. After the removal of the right tonsil, we turn the child on the left side. There is usually free hemorrhage for a few minutes, which we check, and at this time I have the anesthetist give a little more ether. After the hemorrhage ceases I turn the child back, upon its back again, but raise it a little over the side and go after the left tonsil, repeating exactly what I did in the right tonsil. The reason I operate on the right tonsil first was to allow, by turning the child on the right side, the hemorrhage to escape from that side and not interfere with the work upon the left. After the removal of the left tonsil the child is placed in Rose's position, that is, with the head hanging down over the end of the operating table so that all hemorrhage escapes through the nose or side of the mouth. And then the adenoid operation is completed. For this purpose I usually use Brandages' forceps, taking out the mass of adenoids with one sweep of the Brandages' forceps, which I introduce behind the soft palate, guiding with my finger and passing it up to the upper portion of the pharynx into the mass of adenoid tissue. The mass of adenoids brought out in this way is shaken off in a dish of sterilized water, and you can see exactly what you have brought away.

There is one precaution in using Brandages' forceps, and that is, after it is introduced into the vault of the pharynx, be particular to have it in the median line so that the handle of the forceps is pressing well against the incisor teeth. Why? Because if you don't do that you are likely to catch the end of the septum and tear a piece of it off, which is a very awkward thing to do. That is the only danger in using Brandages' forceps

and it can be avoided by taking that precaution. After the mass of adenoids is removed in that way, you take any sort of curet that you choose to use. They are numerous, and they all have their advantages. Some prefer the Beekman, some the Stubbs. There are a variety of curets that may be used. See to it that the fragments of adenoid tissue are well removed from the posterior vault of the pharynx and from around the mouth of the Eustachian tube. The use of the curet is not by any means an easy procedure. Cases have been recorded in which the mouths of the Eustachian tubes have been cut off by awkward operators in endeavoring to remove adenoids, so that precaution should be taken to keep the curet well in the median line, and not to do any unnecessary or awkward excursion to one side or the other. That is the technic of the tonsil and adenoid operation such as I do it. The methods of doing tonsil operations and adenoid operations are as varied as the number of operators. Every man has his own technic, and probably does it just as well in his own particular way.

I remember Dr. Andrews of Chicago, one of the most skilled men I know in that particular line, describing to me a tonsillar operation that he saw at a medical society meeting. An operator was demonstrating his own tonsil operation. He did a very painful and painstaking and thorough dissection. When he got through his patient was dead! The blood had flown into the trachea, and in the midst of his excitement he had been so interested in the technic that he allowed the respiration to cease on account of a clot forming in the upper portion of the trachea. Another operator, a man who never loses his head under any circumstances, happened to be a spectator. He rushed into the amphitheater, took the knife lying there, did a rapid operation and milked the blood out of the trachea, and by artificial respiration he brought about life again. That was a very disagreeable incident to have happen. That is one of the things that the operator must always keep in mind, the chief source of danger in tonsil operations. The laity dread it more than anything else. The profession dread it, and not without reason.

I think with ordinary care, with careful dissection, with the technic that I have described, with illumination, turning the child on the side and having the anesthetist constantly on the alert for any symptoms of asphyxiation, such an operation can be done by any operator.

Now, most country practitioners can do just this operation. All that's necessary to do is to take your time to it. Do it thoroughly; have plenty of illumination; see to it that the blood doesn't flow down into the trachea; keep the head down.

I know of one operator—I don't know whether he follows it now, but he used to—who was so enthusiastic upon this subject that he never did a tonsil operation without putting a ring around the child's legs and hanging it up, and he never operated except with the child hanging head downward from this ring. Of course, that is an extreme view to take of a question of that kind, yet it is not without some illustration of what a man should constantly have before him.

I think, too, that after a tonsil operation the child should be carefully watched for at least twenty-four hours. The hemorrhage may recur at any time after that. I have seen it occur as late as the seventh day. I have had several cases of tonsillar hemorrhage that gave me a great deal of trouble, and two cases in which I had to put on the tonsil clamps.

I heard one man once at a surgical association meeting say that no patient had ever died from hemorrhage from the tonsils. There were a num-

ber of specialists who took issue with him, but none of us could put our fingers upon any particular case, and he claimed to have investigated the reports in the surgeon general's office that was posted on the subject, so he bluffed us all out; but since that time I have looked the subject up and I know he was mistaken, that a number of cases are on record.

I will be very much interested in hearing the different views on this subject, and am very thankful for the opportunity to discuss the question.

Dr. Caldwell (Little Rock)—I might make a few rambling statements in regard to some of the things that have been said. One thing always remember when you are in doubt about meningial diphtheria and ordinary croup, as we call it. If, on giving the patient something to relax him, he doesn't get better, look out for diphtheria.

In regard to the anesthetic, I always try to use ether. I think that the literature is sufficient on the subject. I would hardly be justified in using chloroform. Regarding somnoform, I had the misfortune to witness a death under that once, and, on looking up the literature upon it, I found there had been a great many fatalities from somnoform.

In examining these throat conditions, do not forget that your fingers are worth something. If you have a paratonsillar condition, wash your hands thoroughly. See if you can feel something that feels to you as if there is pus in it. Any general practitioner can oftentimes tell more about those conditions (paratonsillar conditions or quincy) that way than he can with his head mirror.

In doing tonsil operations the last few months I have been using Herd's dissector. I am not enthusiastic particularly with it, but I take one end of it and pull the front pillar out of the way and it gives me a good chance to get a good hold of the tonsil with the forceps. I used to have a great deal of trouble, and sometimes do yet, in getting a good, firm hold of the tonsil. I take the Herd tonsil dissector and catch the pillar and pull it out of the way, and it gives me a chance to throw my forceps right in and get a better hold of the tonsil than I was ever able to get until I began using it.

There is a great deal of feeling among the laity that if the tonsils are taken out the child can never sing or talk as he did before. There may not be much to it, but there is something to it. If we go in and tear the pillars to pieces and get cicatricial tissue formed, which interferes with the action of those muscles, it will have something to do with the voice. So, be careful, if you do a tonsil operation, of those pillars. They are worth something.

I have a good deal of argument sometimes with the parents in regard to adenoids coming back. They want to know if the tonsils will come back and if the adenoid comes back. Of course, we know tonsils are in a capsule and will not come back if you get them out, but the adenoid does not grow particularly like tonsils. It will keep coming. It grows more out of the mucous membrane, and sprouts out that way. It may grow out again from the same place from which you cut it, but the tonsil never if you get the capsule. I enjoyed the paper very much.

Dr. Breathwit—I just want to tell you that I am pleased with the discussion had on this paper. I want to tell you, moreover, that I feel that Dr. Vinsonhaler and every man doing this character of work does it according to his own individual

ideas, and stamps the work with his own individuality if he does it at all well.

One point that I would like to stress, that I think Dr. Vinsonhaler intended to mention, but overlooked, is the place for the operation. I think it ought to be a hospital operation invariably. We are oftentimes forced to do this operation in the home for one reason or another, but, if we can, we ought always to impress upon the parents the necessity for having the child with hospital surroundings, so that if any untoward symptoms develop or any accidental emergency should arise during the operation, you have the facilities for meeting the indications and taking care of the child.

Unquestionably these children need to be watched from twenty-four to forty-eight hours after their operation. Some have no trouble and some a great deal.

The doctor well brought out a point pretty well brought out in a paper by Dr. Hudson McEwen of Philadelphia, perhaps one of the best recognized authorities on voice we have in the country. He stressed the fact that tonsils oftentimes interfere with singing and articulation, and that the general impression of the laity and profession that the removal of tonsils had to do with this was correct. But he also stressed the fact that their removal improved the voice and articulation if the operation was well done, meaning not too much traumatism to the uvular nor the pillars. I do not think I could add any more to this that would prove of benefit to you. I thank you.

#### TREATMENT OF SPRAINS.

An abstract of Dr. Shunker's paper in the New York Medical Journal states that he objects to the usual method of treating sprains by rest and advocates the following: Take a strip of plaster one-half or one and one-half inch wide, according to whether the muscles or joints injured are large or small, and begin from the distal end of the joint or muscle to cover it by figures of eight, till the whole of the affected part is covered by the strapping. The strapping is not applied so tightly as to obstruct the circulation, and yet tightly enough to give support. The patient is then told to use the limb and to make such motions as will bring the injured muscles into action and exercise the joint. The strapping is removed on the third day, or earlier if it gets loose from the subsidence of the swelling. The part is then rubbed, beginning at the proximal end of the area affected and gradually working lower and lower until all has been treated, in order to empty the joint or muscles of any extravasated blood or products of inflammation. He contends that this avoids much pain and confinement, as well as the occurrence of stiff joints and weakened muscles, and gives a rapid recovery.

# THE JOURNAL

OF THE

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### OUR DUTY TO UNBORN GENERATIONS.

In our July issue we had an article on "Personal Liberty," touching the barrier which false ideas of liberty constitutes to the development of the race. Because of this reverence for liberty we permit the tubercular to marry and intermarry, constantly supplying new generations of tubercular diathesis and nullifying the efforts of medical science to stamp out a disease which claims one of every seven of our population. We permit hereditary criminals, moral perverts and the mentally deficient, and even the feeble-minded and discharged insane patients to propagate their kind. We do not have to leave Little Rock to find examples of all these types, married and the heads of families. Not long ago the marriage of two tubercular subjects in an Arkansas town was treated by the newspapers as a pathetic romance—pathetic, yes; but the romance

will become a tragedy to the children—the predisposition of tuberculosis.

The true idea of liberty is well expressed by Herbert Spencer, who said "Every man is free to do that which he wills, provided he infringes not the equal freedom of any other man."

Milton says:

"License they mean when they cry Liberty—

For who loves that must first be wise and good."

That our personal liberty must not infringe on the rights of others is fundamental, but we have applied it solely to others cotemporary with us. Has not posterity even greater rights, for the living have their powers of defense? The unborn innocent have no defense; they come without their own volition and they are entitled to an equal chance in the struggle of life without being handicapped from the very hour of birth. In the name of liberty we give license to the unfit to bring forth generations of moral, mental and physical weaklings. But there is already an awakening. Daniel Webster said "Knowledge is the only fountain both of the love and the principles of human liberty," also "Liberty exists in proportion to wholesome restraint." With the fuller knowledge of the laws of heredity comes the necessity of enforcing the restraint. Indiana, Connecticut, California, Ohio, Utah and New Jersey do not stop at refusing the unfit license to marry, but they have laws requiring vasectomy for men and salpingectomy for women, for the prevention of procreation of confirmed hereditary criminals and defectives.

Dr. Sharpe of Indiana, who has performed the operations upon over five hundred men, states that the mental stamina is increased after the operation, and that physical as well as mental benefits are conferred.

Some of the advocates of vasectomy and salpingectomy do not hesitate to contend that in four generations they would be the means of wiping out nine-tenths of the crime, insanity and degeneracy in our land. This is a wonderful advance when we consider the sentimentality which hesitates to deprive man of the supreme joy of parenthood; but it goes only so far. We shall never banish hereditary disease and raise the standard of the race until we stop the

propagation of the tubercular, the syphilitic, epileptic and other hereditary defectives. Thoughtful medical scientists are agitating this important question. Dr. G. Wilse Robinson of Kansas City has a paper in the June issue of the Journal of the Missouri State Medical Association, and in the Journal-Lancet of Minneapolis, Dr. William G. Smith of Sidney, South Dakota, contributes an article on the same subject. They advocate a medical and physical examination of applicants for marriage license. This is good to an extent. In our form of government where each state has its own laws, one can easily evade such provisions by crossing the state line, just as the statute forbidding cousins to marry in one state is overcome by marrying in another where such inhibition does not prevail. But such a law is good in more ways than one. The fact that such a law should be passed would of itself awaken thought and give rise to publicity and discussion.

Human nature is not wholly selfish. We have had notable examples of individuals with hereditary taint of mental or physical disease in their family, although not themselves afflicted, refraining from wedlock from altruism lest the weakness should develop in their progeny.

With legislation and agitation those of bad heredity would ask themselves if they were justified in marrying and reproducing; and presently public opinion would voice the answer and it would be deemed disgraceful to perpetuate a strain of defectiveness. Not always shall we continue to eliminate the unfit parents in our live stock and let the human parents run riot in concubinage.

#### INDUSTRIAL HYGIENE AND THE INTERNATIONAL CONGRESS.

The problem of the prevention of injury and disease among industrial workers is receiving more and more attention. The International Congress on Hygiene and Demography, to meet in Washington in September, will devote considerable time to the discussion of industrial and occupational hygiene. Among the subjects on which papers are to be read are the physiology and pathology of fatigue; the injurious effect of unnecessary noise on workers; caisson disease; accidents and diseases occurring in electric generating works; occupational

anthrax; safety devices for the prevention of accidents; the effects of temperature and humidity on fatigue; dust and its effects. Other important topics to be discussed by eminent men are sex and age problems in industrial hygiene; the employment of women and its relation to infant mortality; child labor, etc. These topics will be further illustrated in the exhibit to be held in connection with the congress. The Journal of the American Medical Association expresses the hope that the attention given these questions by this important congress will no doubt give impetus to their further effective consideration by government authorities and will result in distinct improvement in these economic conditions.

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#### NEO-SALVARSAN

Is the name given a greatly improved salvarsan made by Prof. Ehrlich of Frankfurt, Germany. It is a combination of methylsulphonic radicle with the arsenic preparation, which makes the drug more soluble and lessens the discomfort of its introduction into the muscle, for which it was primarily intended.

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#### Personals.

Dr. and Mrs. J. M. Phillips of Malvern spent a day this month visiting the automobile agencies in Little Rock.

Dr. A. E. Sweatland of Little Rock is attending the clinics in Chicago and Rochester.

Dr. and Mrs. J. P. Runyan of Little Rock are spending their vacation in Colorado.

The Pasteur Institute for the manufacture of virus to be used in combating rabies is the latest addition to the scientific laboratories of Dr. Loyd O. Thompson of Little Rock.

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#### Announcements.

##### HOT SPRINGS IN OCTOBER.

The above refers to the next annual meeting of the Medical Association of the Southwest, which will be held October 8-10. The headquarters will be at the Arlington Hotel.

The program bids fair to be the best yet held. Each year these meetings have in-

creased in strength of program and attendance, and the officers expect that this will be no exception to the rule. The well-known hospitality of the fraternity of Hot Springs is all that is needed to assure a thoroughly enjoyable social time.

If you wish to present a paper, write Dr. F. H. Clark, Secretary, El Reno, Okla.

## County Societies.

### Jackson County.

(Reported by Dr. Ira H. Irwin, Secretary.)

Newport, Aug. 1.—The Jackson County Medical Society met in this city July 9, 1912. Members and visitors present were: Drs. C. E. George, R. O. Norris, V. P. Sydenstricker, J. S. Graham, O. A. Jamison, J. C. Kimberlin, K. K. Kimberlin, A. L. Best, O. E. Jones, C. W. Martin, G. K. Stephens, E. L. Watson, L. E. Willis, H. O. Walker and Ira H. Irwin.

The meeting was called to order by the president, Dr. C. W. Martin. The scientific program was as follows:

"Importance of Urinalysis"—By Dr. L. E. Willis.

"Obstetrics"—By Dr. C. E. George.

"Treatment of Malarial Hematuria," with report of several cases—By Dr. O. E. Jones.

An interesting discussion followed the reading of each paper.

By unanimous vote, Dr. K. K. Kimberlin of Tuckerman and Dr. R. O. Norris of Kenyon were elected to membership.

The evening closed with a banquet at the Hazel Hotel.

The next meeting will be held on the second Tuesday night in August.

Drs. G. K. Stephens and H. O. Walker were placed on the program.

### Franklin County.

(Reported by Dr. Thos. Douglass, Secretary.)

Ozark, Aug. 7, 1912.—The Franklin County Medical Society held its regular meeting August 6. Dr. Blackburn presided.

Members present were: Drs. Rambo, Turner, Gibbons, Warren, Wear and Douglass.

The scientific program was as follows:

"Aseptic Operations," an excellent paper, read by Dr. Thos. Douglass, was followed by discussion.

The program for the next meeting will be "Typhoid Fever," by Drs. Harrod and Bennefield.

### Yell County.

At the June meeting of the Yell County Medical Society, a report was made on the death of Dr. A. M. McKenzie of Dardanelle, which occurred June 4. The secretary, Dr. Linzy, addressed the meeting, expressing sorrowful regret of the medical profession in the loss of one of its most esteemed and useful members, and deploring the great loss to the community at large. He gave a short history of the life and labors of Dr. McKenzie, from which we glean the following:

"He came to Arkansas in 1873, having graduated from the University of Baltimore. He located in Yell County, where he was actively engaged up to the time of his death. He was one of the charter members of the Yell County Medical Society, and was for many years its secretary. He was able, honest, faithful and true. Ever ready and eager to answer the call of distress, he never turned a deaf ear to the suffering nor rested when he could give relief. Among the members of the profession he was absolutely courteous and ethical, and, while he died a poor man, he left a rich heritage in the respect and love of his fellow-citizens that will long abide in the memory of the people of this county. That he was immensely popular was abundantly attested by the tremendous throng of people who followed his remains to the tomb."

## Book Reviews.

**Infant Feeding.**—By Clifford G. Grulee, A. M., M. D., assistant professor of pediatrics at Rush Medical College; attending pediatrician to Cook County Hospital. Octavo of 295 pages, illustrated. Published by W. B. Saunders Co., Philadelphia, 1912. Cloth, \$3.00 net.

This book is based on a course of lectures given to the students of Rush Medical College for the past three years, and it was written primarily to supply the demand elicited by their delivery.

The author has endeavored to bring our knowledge of the scientific processes which underlie infant feeding up to the present, in such a way that it can be easily grasped by one no more familiar with the subject than the average practicing physician.

Part I.—Describes the fundamental principles of infant nutrition.

Part II.—Nourishment of the infant on the breast.

Part III.—Artificial feeding.

Part IV.—The nutrition in other conditions, e. g.: The premature infant, the nervous infant, infant feeding in eczema and other diseases.

**Pellagra.**—By Stewart R. Roberts, S. M., M. D., associate professor of the principles and practice of medicine, Atlanta College of Physicians and Surgeons, Atlanta, Ga.; physician to the Wesley Memorial Hospital; formerly professor of biology in Emory College. Published by C. V. Mosby Co., St. Louis, Mo. Price, \$2.50.

The author states that we need not expect to find a typical pellagra, and describes a few cases illustrating the different pictures of the same disease in reference to the general clinical symptoms common to pellagrins.

The interesting fact, especially among the better class of patients, is that the digestive and nervous disturbances with loss of weight frequently usher in the attack; and without the bi-lateral symmetrical erythema the diagnosis might be incorrect.

As to the contagiousness of the disease, the author shows that there are two facts clearly apparent:

(1) Pellagra is not transmissible by contagion.

(2) Pellagra is not transmissible by infection.

It is neither contagious as smallpox, nor infectious as tuberculosis. I commend the author's statements in pseudo pellagra. He declares a disease is either pellagra or it is not pellagra; and there is no middle ground. Surely we have enough confusion with old classifications without the term pseudo pellagra, for other toxic or artificial erythemas.

In chapter VI. we find a description of the nervous system in pellagra. The tissue changes in the brain and cord, and the relation of the cord lesions and clinical symptoms.

A number of cases are described by Dr. E. M. Green, clinical director of the Georgia asylum, on psychoses accompanying pellagra.

Under prognosis the author says the best prognostic sign from month to month is the weight. Despair on the part of the physician is as bad as despair on the part of the patient. A vast hope, backed by persistent treatment, brightens the prognosis in every case.

The chapter on treatment begins encouragingly by showing that pellagra is not

necessarily fatal. Treatment is of avail. The pellagrin should be examined for tuberculosis, intestinal parasites and malaria. The feces should be examined for amebae and especially for hookworm ova. Medicinally nothing new is recommended, but the benefits to be derived from arsenic and the methods of administration is given in full. The chief point in giving arsenic is to give as large doses as possible. The last chapter is devoted to the etiology. He describes in detail the two theories:

Pellagra as an intoxication.

Pellagra as an infectious disease.

The evidence and arguments that pellagra is an infectious disease are strongly presented, as the author is inclined to that belief. He says if the corn is the sole cause, more evidence must be brought forward before the corn theory meets wider acceptance.

The book contains 271 pages, profusely illustrated, embracing a complete study of the disease, its history and distribution.

**A Text-Book of Pathology.**—For students of medicine. By J. George Adami, M. A., M. D., LL. D., F. R. S., professor of pathology in McGill University, Montreal and John McCrae, M. D., M. R. C. P. (London), lecturer in Pathology and Clinical Medicine in McGill University; formerly Professor of Pathology in the University of Vermont. In one octavo volume of 759 pages, with 304 engravings and eleven colored plates. Cloth, \$5.00 net. Lea & Febiger, Philadelphia and New York, 1912.

Drs. Adami and McCrae have now provided what is generally recognized as a most important desideratum in medical education—a text-book of pathology, embodying a high degree of scholarship and literary ability. This work is not in any sense a consideration or abridgement of "The Principles of Pathology," but to use the words of the authors, it is "a selection and dwelling upon what we regard as most important for the student." They state further: "We have endeavored first and foremost to make clear and intelligent what is known concerning the deeper meaning of morbid states, and have not hesitated to sacrifice lists of data and their names. The all important matter is to provide and familiarize the student with the working drawings of our science; once he has these in his head it is a comparatively simple matter for him to pigeon-hole mentally new facts into their proper places as they come pouring in upon him in the wards and dead

house, in his readings and lectures." That it has been possible to present an adequate exposition of this important subject in one volume is a matter of congratulation not only for students and teachers, but for physicians and surgeons, for whom the work will prove invaluable for purposes of quick reference. The elaborate series of illustrations includes over two hundred new and original engravings made from the material at the disposal of the authors.

**Surgical After-Treatment.**—A manual of the conduct of surgical convalescence. By L. R. G. Crandon, M. D., assistant in surgery at Harvard Medical School, and Albert Ehrenfried, M. D., assistant in anatomy at Harvard Medical School. Second edition, practically rewritten; 831 pp. 8va, with 264 original illustrations. W. B. Saunders Company, Philadelphia, 1912. Cloth, \$6.00 net; half morocco, \$7.50 net.

This book is not only an excellent guide for the house surgeons in hospitals, but its greatest value will be to the general practitioners in communities which are not surgical centers.

After touching upon the subjects of the sick room, after the anesthetic, thirst, its significance and relief, pain, sleep, pulse, temperature, respiration, shock, coma, diet after operation, rectal feeding, catheterization, care of the bowels, bursting of the abdominal wound, sequelae of the anesthesia, hiccup and bandaging, the authors take up in a practical manner the treatment of operative wounds, septic wounds, sinuses and fistulae, contaneous rashes and rare complications.

In Chapter XXXVIII the authors describe electrotherapy, X-raytherapy and radiotherapy, their indications and technic.

In the after operation for malignant disease the authors say that the X-ray is an often valuable and effective means of dealing with and preventing recurrences.

The book attains its chief value in Part II, which contains twelve chapters on the care and treatment following every operation. There are two separate chapters on therapeutic immunization, vaccine therapy and

Coley's serum for malignant tumors. In the appendix is found some excellent recipes for invalid and convalescent food. The volume is well gotten up and profusely illustrated with black-and-white reproductions, which add greatly to its usefulness.

**Laboratory Methods.**—With special reference to the needs of the general practitioner. By B. G. R. Williams, M. D., assisted by E. G. C. Williams, M. D., with an introduction by Victor C. Vaughan, M. D., LL. D., professor of hygiene and physiological chemistry and dean of the Department of Medicine and Surgery, University of Michigan, Ann Arbor, Mich. Published by C. V. Mosby Company, St. Louis, Mo. Price, \$2.00.

This practical little volume shows how the general practitioner can, at a very small cost, equip a laboratory in which he can do most excellent work. It explains how many of the simple cases that are usually sent to distant points for an examination may be made with satisfactory results at home.

**Collected Papers by the Staff of St. Mary's Hospital (Mayo Clinic) for 1911.**—Octavo of 603 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1912. Cloth, \$5.50 net.

This book is devoted to many clinical and surgical situations. We find a great variety of cases, given by a long list of contributors. Their careful and systematic examinations, the frank and full descriptions of the care, treatment and results give it special value. Every physician will find something of interest and profit to himself.

**A Text-Book of Gynecology.**—By William Sisson Gardner, M. D., Professor of Gynecology, College of Physicians and Surgeons, Baltimore. With 138 illustrations in text. Published by D. Appleton & Co., New York, 1912.

In presenting this volume, the author has taken into consideration the limited time of the overcrowded medical student. The book is devoted to the common diseases of women, and the subjects belonging to general surgery are omitted. It is eminently practical, and its brevity commends itself to the busy practitioner.

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## OFFICERS OF COMPONENT SOCIETIES, 1912-1913.

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Arkansas.....	W. H. Boswel.....	Almyra.....	W. H. Morehead.....	Stuttgart
Ashley.....	M. C. Hawkins.....	Parkdale.....	A. E. Cone.....	Portland
Baxter.....	W. C. Tipton.....	Mountain Home.....	J. J. Morrow.....	Cotter
Benton.....	R. S. Rice.....	Rogers.....	J. A. Fergus.....	Siloam Springs
Boone.....	D. E. Evans.....	Harrison.....	F. B. Kirby.....	Harrison
Bradley.....	C. N. Martin.....	Warren.....	B. H. Green.....	Warren
Calhoun.....	E. T. Jones.....	Hampton.....	C. T. Black.....	Thornton
Cleburne.....	F. G. Richardson.....	Heber Springs.....	H. E. Ruff.....	Heber Springs
Carroll.....	W. A. Harvey.....	Berryville.....	J. D. Jordan.....	Eureka Springs
Chicot.....	E. P. McGehee.....	Lake Village.....	E. E. Barlow.....	Dermott
Clay.....	M. V. B. Waddle.....	Success.....	N. J. Latimer.....	Corning
Clark.....	E. K. Williams.....	Arkadelphia.....	C. A. Evans.....	Arkadelphia
Cleveland.....	W. L. Hartsell.....	Draughton.....	J. F. Crump.....	Rison
Columbia.....	J. J. Baker.....	Magnolia.....	P. M. Smith.....	Magnolia
Conway.....	A. L. Goather.....	Plumerville.....	G. W. Ringgold.....	Morrilton
Cross.....	T. J. Stewart.....	Vandale.....	W. H. McKie.....	Wynne
Crawford.....	O. M. Bourland.....	Van Buren.....	E. C. Wittmer.....	Van Buren
Craighead.....			P. W. Lutterloh.....	Jonesboro
Crittenden.....	L. C. McVay.....	Marion.....	T. S. Hare.....	Crawfordsville
Dallas.....	H. H. Atkinson.....	Fordyce.....	F. E. Harrison.....	Fordyce
Desha.....	C. C. Price.....	Dumas.....	A. Isom.....	Dumas
Drew.....			W. A. Brown.....	Monticello
Faulkner.....	J. C. McMahan.....	Conway.....	C. H. Dickerson.....	Conway
Franklin.....	E. W. Blackburn.....	Ozark.....	Thos. Douglass.....	Ozark
Grant.....	J. E. Jones.....	Erin.....	L. Wallen.....	Sheridan
Greene.....	W. W. Verser.....	Brighton.....	Olive Wilson.....	Paragould
Hempstead.....	Dan Smith.....	Hope.....	G. E. Cannon.....	Hope
Hot Spring.....	E. T. Bramlitt.....	Malvern.....	R. Y. Phillips.....	Malvern
Hot Spring-Garland.....	A. U. Williams.....	Hot Springs.....	J. S. Wood.....	Hot Springs
Howard-Pike.....	F. F. Alford.....	Murfreesboro.....	E. V. Dildy.....	Nashville
Independence.....	J. B. Roe.....	Newark.....	F. A. Gray.....	Batesville
Jackson.....	C. W. Martin.....	Newport.....	Ira H. Erwin.....	Newport
Jefferson.....	W. T. Lowe.....	Pine Bluff.....	T. W. Woodul.....	Pine Bluff
Johnson.....	L. C. Gray.....	Clarksville.....	L. A. Cook.....	Knoxville
Lafayette.....	D. W. Bright.....	Lewisville.....	F. W. Youmans.....	Lewisville
Lawrence.....	T. C. Neece.....	Walnut Ridge.....	J. H. Stidham.....	Walnut Ridge
Lee.....	O. L. Williamson.....	Marianna.....	Wm. H. Deaderick.....	Marianna
Little River.....	P. H. Phillips.....	Ashdown.....	W. E. Vaughan.....	Richmond
Lincoln.....	W. C. Kimbro.....	Tyro.....	B. F. Farver.....	Star City
Logan.....	J. S. Shibley.....	Paris.....	A. R. Hederick.....	Booneville
Lonoke.....	C. C. Abbott.....	Pettus.....	O. N. Ward.....	England
Miller.....	J. A. Lightfoot.....	Texarkana.....	L. J. Kosminsky.....	Texarkana
Mississippi.....	W. H. Borum.....	Blvtheville.....	C. C. Stevens.....	Blytheville
Monroe.....	F. T. Murphy.....	Brinkley.....	E. D. McKnight.....	Brinkley
Nevada.....	A. S. Buchanan.....	Prescott.....	G. A. Buchanan.....	Prescott
Ouachita.....	C. M. Morgan.....	Camden.....	C. S. Early.....	Camden
Phillips.....	W. C. King.....	Helena.....	W. R. Orr.....	Helena
Polk.....			F. A. Lee.....	Mena
Pope.....	C. R. Teeter.....	Pottsville.....	J. B. Ferguson.....	Russellville
Prairie.....	H. T. Rhodes.....	Hazen.....	James Parker.....	DeVall's Bluff
Pulaski.....	J. G. Watkins.....	Little Rock.....	J. B. Dooley.....	Little Rock
Randolph.....	H. L. Throgmorton.....	Pocahontas.....	G. M. Black.....	Pocahontas
Saline.....	C. Prickett.....	Traskwood.....	Warren Kelley.....	Benton
Sebastian.....	J. H. Buckley.....	Fort Smith.....	E. C. Meyers.....	Fort Smith
Searcy.....	J. O. Cotton.....	Leslie.....	C. B. Hollabough.....	Leslie
Sevier.....	C. A. Archer.....	De Queen.....	W. E. Wisdom.....	De Queen
Sharp.....	T. J. Wood.....	Evening Shade.....	A. F. Gray.....	Hardy
St. Francis.....	L. H. Merrett.....	Forrest City.....	J. A. Bogart.....	Forrest City
Union.....	F. O. Mahoney.....	Huttie.....	J. C. Mitchell.....	El Dorado
Washington.....	A. S. Grege.....	Fayetteville.....	N. V. Hardin.....	Fayetteville
White.....	J. W. Hassell.....	Searcy.....	L. R. Majors.....	Searcy
Woodruff.....	R. N. Smith.....	Augusta.....	L. E. Biles.....	Augusta
Yell.....	C. R. Linzy.....	Plainview.....	J. R. Linzy.....	Dardanelle

## MEMBERS OF COMPONENT SOCIETIES.

## Arkansas County.

Bunn, A. D. . . . . Humphrey  
 Boswell, W. H. . . . . Almyra  
 Derrick, H. C. . . . . DeLuca  
 Fowler, Arthur. . . . . Humphrey  
 Hill, B. L. . . . . Stuttgart  
 Holcomb, T. J. . . . . DeWitt  
 Lowe, A. M. . . . . Gillett  
 Lowe, W. W. . . . . Gillett  
 Lumsden, C. A. . . . . DeWitt  
 Moorhead, W. H. . . . . Stuttgart  
 Morpew, L. H. . . . . Stuttgart  
 Park, C. E. . . . . DeWitt  
 Rasco, C. W. . . . . DeWitt  
 Rives, C. T. . . . . Almyra  
 Sillin, C. W. . . . . Stuttgart  
 Winkler, E. H. . . . . DeWitt

## Ashley County.

Cone, A. E. . . . . Portland  
 Cockersham, H. E. . . . . Portland  
 Crow, L. M. . . . . Crossett  
 George, B. F. . . . . Parkdale  
 Hawkins, M. C. . . . . Parkdale  
 Knott, A. D. . . . . Wilnot  
 Norman, W. S. . . . . Hamburg  
 Simpson, J. W. . . . . Hamburg  
 Scott, E. M. . . . . Hamburg  
 Sparks, J. E. . . . . Crossett  
 Wilkes, E. H. . . . . Crossett  
 Williams, R. G. . . . . Parkdale

## Baxter County.

Cannady, C. T. . . . . Cotter  
 Hipp, J. A. . . . . Buford  
 Morrow, J. J. . . . . Cotter  
 Tipton, W. C. . . . . Mountain Home  
 Tipton, J. T. . . . . Mountain Home

## Benton County.

Beard, J. H. . . . . Gentry  
 Buffington, G. H. . . . . Decatur  
 Cargile, Chas. H. . . . . Bentonville  
 Clegg, J. T. . . . . Siloam Springs  
 Clemmer, J. L. . . . . Springtown  
 Duckworth, F. M. . . . . Siloam Springs  
 Duncan, M. W. . . . . Centertown  
 Eubanks, F. G. . . . . Decatur  
 Fergus, J. A. . . . . Rogers  
 Green, L. O. . . . . Pea Ridge  
 Henry, R. T. . . . . Bentonville  
 Highfill, E. J. . . . . Cave Springs  
 Hughes, G. A. . . . . Gravett  
 Horton, C. W. . . . . Hiwassa  
 Lindsey, J. H. . . . . Bentonville  
 Lindsey, E. L. . . . . Bentonville  
 Longacre, C. E. . . . . Siloam Springs  
 Martin, Z. T. . . . . Bentonville  
 Pickens, E. E. . . . . Rogers  
 Pickens, W. A. . . . . Bentonville  
 Powell, J. T. . . . . Maysville  
 Rice, T. M. . . . . Avoca  
 Rice, C. A. . . . . Rogers  
 Rice, R. S. . . . . Rogers  
 Sexton, J. J. . . . . Siloam Springs  
 Smiley, J. L. . . . . Siloam Springs  
 Webster, J. W. . . . . Siloam Springs  
 Wilks, F. M. . . . . Gentry  
 Gullidge, J. T. . . . . Siloam Springs

## Boone County.

Baines, Swartz. . . . . Bergman  
 Bolinger, John. . . . . Lead Hill  
 Callen, L. H. . . . . Bellefonte  
 Elton, A. M. . . . . Bruno  
 Evans, D. E. . . . . Harrison  
 Fowler, J. H. . . . . Harrison  
 Hathcock, A. M. . . . . Harrison  
 Johnson, J. J. . . . . Harrison  
 Kirby, F. B. . . . . Harrison  
 Kirby, L. . . . . Harrison  
 McCurry, D. K. . . . . Alpena Pass  
 Potts, J. R. . . . . Clifty  
 Routh, Chas. M. . . . . Batavia  
 Routh, H. L. . . . . Batavia  
 Sims, J. L. . . . . Harrison  
 Vance, A. J. . . . . Harrison

## Bradley County.

Brown, G. B. . . . . Warren  
 Carruth, O. A. . . . . Warren  
 Crow, M. T. . . . . Ingalls  
 Fike, W. T. . . . . Warren  
 Green, B. H. . . . . Warren  
 Martin, C. N. . . . . Warren  
 Martin, R. . . . . Warren  
 Porter, G. S. . . . . Warren  
 Reason, W. B. . . . . Hermitage

## Calhoun County.

Black, C. T. . . . . Thornton  
 Jones, E. . . . . Harrell  
 Jones, E. T. . . . . Hampton  
 Rhine, T. E. . . . . Thornton  
 Wilson, D. F. . . . . Hampton

## Carroll County.

Bolton, J. Fred. . . . . Eureka Springs  
 Clare, M. W. . . . . San Diego, Cal.  
 Floyd, R. G. . . . . Eureka Springs  
 Davis, C. E. . . . . Eureka Springs  
 George, W. P. . . . . Berryville  
 George, Charles. . . . . Berryville  
 Harvey, W. A. . . . . Berryville  
 Jordan, J. D. . . . . Eureka Springs  
 John, J. F. . . . . Eureka Springs  
 Pace, Henry . . . . . Eureka Springs  
 Poynor, J. W. . . . . Osage  
 Poynor, I. M. . . . . Berryville  
 Poynor, E. E. . . . . Osage  
 Reynolds, J. R. . . . . Oak Grove

## Chicot County.

Audess, A. G. . . . . Eudora  
 Barlow, E. E. . . . . Dermott  
 McGehee, E. P. . . . . Lake Village  
 Norton, M. M. . . . . Lake Village

## Clay County.

Black, J. C. . . . . Corning  
 Crow, C. L. . . . . St. Francis  
 Cuning, I. H. . . . . Knobel  
 Earn, C. G. . . . . Rector  
 Hiller, J. P. . . . . Pollard  
 Hughes, M. C. . . . . Rector  
 Latimer, N. J. . . . . Corning  
 Lunt, J. P. . . . . Leonard  
 Lynch, Richard. . . . . Success  
 McKinney, A. B. . . . . Corning  
 Newkirk, C. H. . . . . Datto  
 Outlaw, Morgan. . . . . Rector  
 Parrish, W. O. . . . . Rector  
 Richardson, M. C. . . . . Datto  
 Simpson, A. R. . . . . Corning  
 Stewart, O. R. . . . . Palatka  
 Waddle, M. V. B. . . . . Success

## Clark County.

Bell, J. H. . . . . Arkadelphia  
 Cuffman, J. H. . . . . Gurdon  
 Doane, S. A. . . . . Arkadelphia  
 Evans, Chas. A. . . . . Arkadelphia  
 Hardy, H. . . . . Stroud  
 Kirby, D. W. . . . . Gurdon  
 Moore, W. M. . . . . Arkadelphia  
 McLean, C. W. . . . . Gurdon  
 Rowland, W. T. . . . . Arkadelphia  
 Smith, R. L. . . . . Okolona  
 Townsend, N. R. . . . . Arkadelphia  
 Townsend, C. C. . . . . Walnut Ridge  
 Wallis, J. C. . . . . Arkadelphia  
 Williams, E. K. . . . . Arkadelphia

## Cleveland County.

Crump, J. F. . . . . Rison  
 Carter, J. D. . . . . Staves  
 Hamilton, A. J. . . . . New Edinburg  
 Hartsell, W. L. . . . . Draighon  
 Hartsell, R. L. . . . . Anover  
 Leali, C. . . . . Kingsland  
 Ruth, Junius. . . . . Oriando  
 Johnson, S. C. . . . . Kingsland  
 Vance, J. O. . . . . New Edinburg  
 Wolford, W. S. . . . . Kingsland  
 Wilson, H. O. . . . . Randall

## Cross County.

Grav, E. M. . . . . Gill  
 Griffin, J. L. . . . . Vanndale  
 Griffin, W. L. . . . . Cherry Valley  
 Jones, C. P. . . . . Cherry Valley  
 Kilgore, J. L. . . . . Cherry Valley  
 Longest, R. . . . . Wynne  
 McKie, W. H. . . . . Wynne  
 Stewart, T. J. . . . . Vanndale

## Columbia County.

Baker, J. J. . . . . Magnolia  
 Cooksie, W. C. . . . . Atlanta  
 Fleming, J. L. . . . . Village  
 Hawkins, J. T. . . . . Mt. Holly  
 Hunt, W. J. . . . . Macedonia  
 Longino, H. A. . . . . Magnolia  
 Smith, P. M. . . . . Magnolia  
 Stevens, C. D. . . . . Magnolia  
 Stevenson, C. H. . . . . Magnolia  
 Twitty, Walter. . . . . Emerson  
 Vaughn, J. T. . . . . Emerson  
 Walker, J. C. . . . . Emerson  
 Sanders, G. P. . . . . McNeil

## Conway County.

Bradley, A. R. . . . . Morrilton  
 Clark, C. D. . . . . Morrilton  
 Gordon, F. . . . . Morrilton  
 Goatcher, A. L. . . . . Plumerville  
 Horton, Neal. . . . . Plumerville  
 Jackson, J. H. . . . . Center Ridge  
 Logan, B. C. . . . . Morrilton  
 Martin, J. S. . . . . Morrilton  
 Powell, J. W. . . . . Russellville  
 Powell, P. R. . . . . Morrilton  
 Presley, W. L. . . . . Morrilton  
 Ringgold, G. W. . . . . Morrilton  
 Tate, A. B. . . . . Hattiesville  
 Yates, George. . . . . Morrilton

## Craighead County.

Altman, H. T. . . . . Jonesboro  
 Burns, J. L. . . . . Jonesboro  
 Campbell, G. O. . . . . Truman  
 Crawford, T. O. . . . . Bay  
 Crawford, J. W. . . . . Bay  
 Harrison, B. L. . . . . Little Rock  
 Lutterloh, C. M. . . . . Jonesboro  
 Lutterloh, P. W. . . . . Jonesboro  
 Ramsey, J. W. . . . . Jonesboro  
 Stroud, H. A. . . . . Jonesboro  
 Walker, B. F. . . . . Nettleton

## Crawford County.

Bourland, O. M. . . . . Van Buren  
 Blakemore, J. E. . . . . Van Buren  
 Dibrell, M. S. . . . . Van Buren  
 Galloway, Q. R. . . . . Alma  
 Haney, E. L. . . . . Dyer  
 Lucas, Giles. . . . . Van Buren  
 Parchman, W. L. . . . . Van Buren  
 Reaves, W. R. . . . . Alma  
 Sharp, J. C. . . . . Alma  
 Wittmer, E. C. . . . . Van Buren

## Crittenden County.

Blue, J. B. . . . . Earle  
 Blue, W. R. . . . . Parkin  
 Dearing, W. H. . . . . Earle  
 Haden, J. T. . . . . Crawfordville  
 Hare, T. S. . . . . Crawfordville  
 Hicks, W. P. . . . . Earle  
 Knott, S. J. . . . . Crawfordville  
 Mathews, J. H. . . . . Earle  
 McBea, J. M. . . . . Earle  
 Parker, A. C. . . . . Clarksdale  
 Hedrick, C. F. . . . . Vincent  
 McVay, L. C. . . . . Marion  
 Gray, E. M. . . . . Wynne  
 Satterfield, J. V. . . . . Earle

## Dallas County.

Atkinson, H. H. . . . . Fordyce  
 Harrison, F. E. . . . . Fordyce  
 Hope, O. W. . . . . Fordyce  
 March, C. J. . . . . Fordyce  
 Wozencraft, W. L. . . . . Holly Springs  
 Wozencraft, R. O. . . . . Princeton

## Desha County.

Bowles, T. H. . . . . Dumas  
 Isom, A. . . . . Dumas  
 Price, C. C. . . . . Dumas  
 Smith, C. P. . . . . Arkansas City  
 Stuart, J. M. . . . . Dumas  
 White, J. A. . . . . Dumas

## Drew County.

Baker, J. P. . . . . Blissville  
 Brown, W. A. . . . . Monticello  
 Cheers, J. F. . . . . Winchester  
 Collins, A. S. J. . . . . Monticello  
 Corrigan, M. B. . . . . Monticello  
 Cotham, E. E. . . . . Monticello  
 Duckworth, F. L. . . . . Monticello  
 Fletcher, G. W. . . . . Tillar  
 Lissnoer, A. M. . . . . Collins  
 Kimbro, S. O. . . . . Monticello  
 Pipkin, J. W. . . . . Tillar  
 Pope, M. Y. . . . . Monticello  
 Smith, R. N. . . . . Collins  
 Stanley, A. C. . . . . Tillar  
 Thompson, J. A. . . . . Dermott

## Faulkner County.

Blakely, G. W. . . . . Conway  
 Brown, Geo. S. . . . . Conway  
 Doane, C. R. . . . . Lonoke  
 DeJarnett, J. W. . . . . Guy  
 Dickerson, C. O. . . . . Conway  
 Dickerson, C. H. . . . . Conway  
 Downs, Joseph H. . . . . Vilonia

## MEMBERS OF COMPONENT SOCIETIES.—Continued.

Greeson, W. R. . . . . Conway  
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Mabray, Thos. M. . . . . Holland  
Munn, J. B. . . . . Vilonia  
McCollum, I. N. . . . . Conway  
McLahan, J. E. . . . . Kendall  
Snoddy, T. B. . . . . Saltillo  
Westerfield, J. S. . . . . Conway

## Franklin County.

Benefield, C. E. . . . . Charleston  
Blackburn, E. W. . . . . Ozark  
Blakely, T. M. . . . . Alix  
Crocker, T. J. . . . . Mulberry  
Douglass, Thomas. . . . . Ozark  
Gibbons, W. H. . . . . Webb City  
Harrod, J. C. . . . . Denning  
Jones, W. E. . . . . Charleston  
Porter, W. C. . . . . Coal Hill  
Wear, W. M. . . . . Etna  
Turner, H. H. . . . . Ozark  
Post, J. L. . . . . Altus  
Williams, H. F. . . . . Ozark  
Warren, G. D. . . . . Ozark

## Grant County.

Butler, J. L. . . . . Sheridan  
Jones, J. E. . . . . Erin  
Pitman, W. G. . . . . Grape Vine  
Shaw, J. B. . . . . Sheridan  
Wallen, L. . . . . Sheridan

## Greene County.

Baker, E. S. . . . . Paragould  
Bradsher, R. E. . . . . Marmaduke  
Cothern, Thad. . . . . Walcott  
Dickson, H. N. . . . . Paragould  
Dickson, Paul . . . . . Paragould  
Fuson, C. M. . . . . Piggott  
Graham, M. C. . . . . Gainesville  
Haley, R. J. . . . . Paragould  
Hopkins, G. T. . . . . Paragould  
Hardesty, C. A. . . . . Paragould  
Lamb, Jones. . . . . Beech Grove  
Majors, W. M. . . . . Walcott  
McKenzie, J. G. . . . . Paragould  
Owens, W. R. . . . . Paragould  
Scott, F. M. . . . . Paragould  
Vesser, W. W. . . . . Brighton  
Wilson, Olive. . . . . Paragould

## Hempstead County.

Autry, J. B. . . . . Columbus  
B'Shears, B. L. . . . . Fulton  
Cannon, G. E. . . . . Hope  
Garner, T. J. . . . . Washington  
Giles, H. R. . . . . Hope  
Gillespie, L. J. . . . . Hope  
Kelly, J. L. . . . . Hope  
Miller, S. A. . . . . Hope  
Poal, B. H. . . . . Hope  
Smith, Dan. . . . . Hope  
Saner, W. F. . . . . Hope  
Weaver, J. H. . . . . Hope  
Weaver, S. J. . . . . Fulton  
Waddell, J. S. . . . . Hope

## Hot Spring County.

Bramlett, E. T. . . . . Malvern  
Cox, J. A. . . . . Donaldson  
Carroll, W. C. . . . . Saginaw  
McCray, E. H. . . . . Malvern  
Phillips, R. Y. . . . . Malvern  
Williams, J. M. . . . . Malvern

## Hot Springs-Garland.

Barry, L. H. . . . . Hot Springs  
Biggs, Orris. . . . . Hot Springs  
Bush, J. W. . . . . Hot Springs  
Connell, W. H. . . . . Hot Springs  
Chesnuitt, James H. . . . . Hot Springs  
Collings, H. P. . . . . Hot Springs  
Collings, S. P. . . . . Hot Springs  
Cook, A. H. . . . . Hot Springs  
Davis, R. G. . . . . Hot Springs  
Dake, Charles. . . . . Hot Springs  
Drennen, C. Travis. . . . . Hot Springs  
Ellsworth, C. H. . . . . Hot Springs  
Ellis, L. R. . . . . Hot Springs  
Forbes, W. O. . . . . Hot Springs  
Grey, D. A. . . . . Hot Springs  
Garnett, A. S. . . . . Hot Springs  
Harrell, M. H. . . . . Hot Springs  
Hallman, V. H. . . . . Hot Springs  
Hay, E. C. . . . . Hot Springs  
Hebert, G. A. . . . . Hot Springs  
Holland, J. E. . . . . Hot Springs  
Holland, E. D. . . . . Hot Springs

Johns, P. W. . . . . Hot Springs  
Jelks, F. W. . . . . Hot Springs  
Jelks, J. T. . . . . Hot Springs  
Laws, M. V. . . . . Hot Springs  
Livingston, J. J. . . . . Hot Springs  
Martin, E. H. . . . . Hot Springs  
Mobbs, B. . . . . Hot Springs  
Mount, M. F. . . . . Hot Springs  
McClendon, J. W. . . . . Hot Springs  
Proctor, J. M. . . . . Hot Springs  
Randolph, J. P. . . . . Hot Springs  
Robertson, J. A. . . . . Hot Springs  
Rowland, J. F. . . . . Hot Springs  
Sanders, T. E. . . . . Hot Springs  
Shaw, A. D. . . . . Hot Springs  
Short, Z. N. . . . . Hot Springs  
Snyder, W. L. . . . . Hot Springs  
Steele, S. B. . . . . Hot Springs  
Steer, S. L. . . . . Hot Springs  
Smith, J. W. . . . . Hot Springs  
Strachan, J. B. . . . . Hot Springs  
Thompson, M. G. . . . . Hot Springs  
Thompson, M. G., Jr. . . . . Hot Springs  
Tribble, A. H. . . . . Hot Springs  
Welmer, R. . . . . Hot Springs  
Vaughan, P. T. . . . . Hot Springs  
Williams, A. U. . . . . Hot Springs  
Winegar, E. F. . . . . Hot Springs  
Williams, F. M. . . . . Hot Springs  
Well, S. D. . . . . Hot Springs  
DeWoody, L. C. . . . . Hot Springs  
Wood, J. S. . . . . Hot Springs  
Wooten, W. T. . . . . Hot Springs

## Howard-Pike County.

Alford, F. F. . . . . Murfreesboro  
Black, E. M. . . . . Bingen  
Daly, J. M. . . . . Nashville  
Dildy, E. V. . . . . Nashville  
Gibson, W. M. . . . . Nashville  
Hopkins, J. S. . . . . Nashville  
Holt, J. M. . . . . Tokio  
Hutchinson, D. A. . . . . Nashville  
Robinson, W. S. . . . . Nashville  
Toland, W. H. . . . . Mineral Springs  
Roberts, J. L. . . . . Murfreesboro  
Wright, C. W. . . . . Buck Range

## Independence County.

Bone, O. L. . . . . Cushman  
Case, J. W. . . . . Batesville  
Dorr, R. C. . . . . Batesville  
Evans, L. T. . . . . Barren Fork  
Evans, A. A. . . . . Newark  
Gray, C. C. . . . . Cave City  
Gray, F. A. . . . . Batesville  
Heyden, J. . . . . Jamestown  
Hinkle, C. G. . . . . Batesville  
Jeffery, Paul . . . . . Bethesda  
Kennerly, O. J. T. . . . . Batesville  
Kennerly, J. H. . . . . Batesville  
Lawrence, W. B. . . . . Batesville  
Robertson, S. N. . . . . Sulphur Rock  
Rodman, T. N. . . . . Newark  
Roe, J. B. . . . . Newark  
Wyatt, W. A. . . . . Rosie

## Jackson County.

Best, A. L. . . . . Newport  
Bell, J. F. . . . . Weldon  
Caushey, G. A. . . . . Swifton  
Erwin, I. H. . . . . Newport  
George, C. E. . . . . Grubbs  
Graham, J. S. . . . . Tuckerman  
Gray, C. R. . . . . Newport  
Jamison, O. A. . . . . Tuckerman  
Jones, O. E. . . . . Newport  
Martin, C. W. . . . . Newport  
Slaydon, L. T. . . . . Tuckerman  
Stephens, G. K. . . . . Newport  
Walker, H. O. . . . . Newport  
West, C. . . . . Newport  
Watson, E. L. . . . . Newport  
Willis, L. E. . . . . Newport  
Wilson, N. F. . . . . Elmo

## Jefferson County.

Breathwit, W. M. . . . . Pine Bluff  
Blankenship, W. H. . . . . Pine Bluff  
Blackwell, O. G. . . . . Pine Bluff  
Brunson, Asa. . . . . Pine Bluff  
Caruthers, C. K., Jr. . . . . Pine Bluff  
Clark, O. W. . . . . Pine Bluff  
Crutcher, W. M. . . . . Pine Bluff  
Ferguson, J. P. . . . . Sweden  
Gallagher, B. H. . . . . Pine Bluff  
Glover, C. A. . . . . Pine Bluff  
Hankinson, O. C. . . . . Pine Bluff  
Hardin, Robert. . . . . New Gascony  
John, J. W. . . . . Pine Bluff  
Jordan, A. C. . . . . Pine Bluff

John, M. C. . . . . Stuttgart  
Jenkins, J. S. . . . . Pine Bluff  
Loving, A. B. . . . . Pine Bluff  
Luck, B. D. . . . . Pine Bluff  
Palmer, J. T. . . . . Pine Bluff  
Rowell, F. C. . . . . Pine Bluff  
Lowe, W. T. . . . . Pine Bluff  
Scales, J. W. . . . . Pine Bluff  
Stewart, W. S. . . . . Pine Bluff  
Shelton, M. A. . . . . Wabbaseka  
Shaw, G. G. . . . . Tarry  
Smith, J. S. . . . . Pine Bluff  
Thompson, A. G. . . . . Pine Bluff  
Troupe, A. W. . . . . Pine Bluff  
Williams, H. E. . . . . Pine Bluff  
Withers, J. W. . . . . Pine Bluff  
Woods, R. B. . . . . Altheimer  
Woodul, T. W. . . . . Pine Bluff

## Johnson County.

Cook, L. A. . . . . Knoxville  
Graves, S. M. . . . . Mt. Levi  
Gray, L. C. . . . . Clarksville  
Hays, A. . . . . Clarksville  
Hunt, E. H. . . . . Clarksville  
Hunt, Wm. R. . . . . Clarksville  
Kolb, J. S. . . . . Clarksville  
Love, J. G. . . . . Hartman  
Murphy, J. M. . . . . Hagarville  
Hardgraves, G. L. . . . . Clarksville  
Hunt, W. J. . . . . Hunt  
Robinson, Chas. E. . . . . Clarksville  
Stewart, J. L. . . . . Spadra  
Huddleston, G. D. . . . . Lamar  
Hunt, E. C. . . . . Edna

## Lafayette County.

Baker, T. E. . . . . Stamps  
Bright, D. W. . . . . Lewisville  
Hoover, A. S. . . . . Stamps  
McKnight, J. F. . . . . Walnut Hill  
Youmans, F. W. . . . . Lewisville

## Lawrence County.

Ball, C. C. . . . . Ravendon  
Barton, F. M. . . . . Minturn  
Culp, C. W. . . . . Mammoth Spring  
Coffman, J. C. . . . . Black Rock  
Guthrie, T. O. . . . . Jessup  
Hatcher, Wright. . . . . Imboden  
Hatcher, J. O. . . . . Imboden  
Hughes, J. C. . . . . Walnut Ridge  
Hughes, W. E. . . . . Walnut Ridge  
Henderson, A. G. . . . . Imboden  
Johnson, William. . . . . Hardy  
Land, J. C. . . . . Walnut Ridge  
Morris, J. W. . . . . Denton  
McCarroll, H. R. . . . . Walnut Ridge  
Neece, T. C. . . . . Walnut Ridge  
Peacock, A. L. . . . . Lynn  
Poindexter, J. C. . . . . Imboden  
Pringle, J. E. . . . . Hoxie  
Ponder, E. T. . . . . Walnut Ridge  
Robinson, W. J. . . . . Portia  
Smith, W. A. . . . . Walnut Ridge  
Swindle, J. C. . . . . Walnut Ridge  
Smith, F. D. . . . . Alicia  
Stidham, J. H. . . . . Walnut Ridge  
Stephens, J. M. . . . . Lauratown  
Thomas, E. . . . . Hoxie  
Warren, G. A. . . . . Black Rock  
Watkins, G. M. . . . . Walnut Ridge

## Lee County.

Bean, W. B. . . . . Marianna  
Beaty, W. S. . . . . Vineyard  
Chafin, C. W. . . . . Moro  
Deadrick, W. H. . . . . Marianna  
Foster, G. F. . . . . La Grange  
Lewis, J. F. . . . . Oak Forest  
Longley, W. W. . . . . Marianna  
McClendon, A. A. . . . . Marianna  
Russwurm, C. S. . . . . LaGrange  
Wall, E. D. . . . . Marianna  
Williamson, O. L. . . . . Marianna  
Wilsford, A. L. . . . . Moro  
White, Harry. . . . . Rondó

## Little River County.

Bishop, A. B. . . . . Ashdown  
Hays, R. E. . . . . Ashdown  
Marr, S. C. . . . . Ashdown  
Phillips, P. H. . . . . Ashdown  
Ringgold, J. W. . . . . Ashdown  
Rhodes, J. F. . . . . Richmond  
Shirey, W. L. . . . . Foreman  
Vaughan, W. E. . . . . Richmond  
York, W. W. . . . . Ashdown

## MEMBERS OF COMPONENT SOCIETIES.—Continued.

## Lincoln County.

Dixon, C. W. . . . . Douglass  
 Kimbro, W. C. . . . . Monticello  
 McClain, J. K. . . . . Star City  
 Tarver, B. F. . . . . Star City  
 Raines, T. W. . . . . Star City  
 Thiolliere, A. . . . . Varner  
 Watt, J. D. . . . . Tyro

## Logan County.

Armstrong, N. E. . . . . Booneville  
 Baskerville, W. F. . . . . Booneville  
 Bennett, W. H. . . . . Paris  
 Foster, M. E. . . . . Paris  
 Harkins, R. A. . . . . Ratcliff  
 Hederick, A. R. . . . . Booneville  
 Lipe, E. N. . . . . Scranton  
 McConnell, S. P. . . . . Booneville  
 Scott, Earl E. . . . . Magazine  
 Shibley, J. S. . . . . Paris  
 Smith, J. J. . . . . Paris  
 Smith, A. M. . . . . Paris

## Lonoke County.

Abbott, C. A. . . . . Pettus  
 Beaty, S. S. . . . . England  
 Benton, T. E. . . . . Lonoke  
 Brewer, John F. . . . . Kerr  
 Bowers, A. L. . . . . Keo  
 Chenault, J. C. . . . . England  
 Childers, J. M. . . . . Carlisle  
 Corn, F. A. . . . . Lonoke  
 Cuning, John R. . . . . Lonoke  
 Callahan, E. A. . . . . Carlisle  
 Murchison, A. J. . . . . England  
 Nevins, J. D. . . . . Tucker  
 Southall, S. A. . . . . Lonoke  
 Thibault, H. . . . . Scott  
 Thompson, W. A. . . . . Cabot  
 Turner, W. S. . . . . Blakemore  
 Tankersley, J. C. . . . . England  
 Ward, O. D. . . . . England  
 White, L. . . . . Jebb  
 Zuber, Lee. . . . . Keo  
 Fly, T. M. . . . . Little Rock

## Miller County.

Beck, R. L. . . . . Texarkana  
 Collam, S. A. . . . . Texarkana  
 Dale, J. R. . . . . Texarkana  
 Fuller, Earl. . . . . Texarkana  
 Grant, R. L. . . . . Texarkana  
 Hunt, Preston. . . . . Texarkana  
 Kelly, K. M. . . . . Texarkana  
 Kittrell, T. F. . . . . Texarkana  
 Kosminsky, L. J. . . . . Texarkana  
 Lee, A. G. . . . . Texarkana  
 Lightfoot, J. A. . . . . Texarkana  
 McCurdy, W. T. . . . . Little Rock  
 Mann, R. H. T. . . . . Texarkana  
 Smith, C. A. . . . . Texarkana  
 Smiley, H. H. . . . . Texarkana  
 Webster, H. R. . . . . Texarkana

## Mississippi County.

Borum, W. H. . . . . Blytheville  
 Brewer, T. G. . . . . Osceola  
 Caldwell, C. A. . . . . Blytheville  
 Campbell, J. H. . . . . Bardstown  
 Crawford, H. F. . . . . Wilson  
 Craig, E. E. . . . . Wilson  
 Davis, A. . . . . Archillion  
 Franklin, A. L. . . . . Blytheville  
 Harwell, C. M. . . . . Osceola  
 Howton, O. . . . . Osceola  
 Lundsford, C. B. . . . . Chickasawba  
 Lowry, S. A. . . . . Luxora  
 Nall, R. P. . . . . Armorell  
 Noack, P. G. . . . . Bardstown  
 Paris, W. J. J. . . . . Rosichaire, Ill.  
 Prewitt, R. C. . . . . Osceola  
 Sanders, J. F. . . . . Blytheville  
 Sanders, Robt. H. . . . . Manilla  
 Stevens, C. C. . . . . Blytheville  
 Tipton, Q. A. . . . . Blytheville  
 Taylor, T. F. . . . . Osceola  
 Turner, W. E. . . . . Butler  
 Dunavant, H. C. . . . . Osceola  
 Hudson, T. F. . . . . Luxora  
 Hill, E. V. . . . . Yarbrow

## Monroe County.

Bradley, W. T. . . . . Monroe  
 Gilbrich, A. H. . . . . Clarendon  
 Johnson, P. E. . . . . Holly Grove  
 Murphy, N. E. . . . . Clarendon  
 Murphy, F. T. . . . . Brinkley  
 Miller, J. C. . . . . Clarendon  
 McKnight, E. D. . . . . Brinkley

Stout, J. T. . . . . Brinkley  
 Sylar, T. B. . . . . Holly Grove  
 Thomas, P. E. . . . . Clarendon

## Nevada County.

Arnold, W. E. . . . . Prescott  
 Buchanan, A. S. . . . . Prescott  
 Buchanan, G. A. . . . . Prescott  
 Dickinson, W. H. . . . . Emmet  
 Guthrie, Mrs. Adam. . . . . Prescott  
 Hesterly, S. J. . . . . Prescott  
 Marsh, G. O. . . . . Prescott  
 McDonald, W. A. . . . . Rosston  
 Rice, W. W. . . . . Prescott  
 Sandlin, J. T. . . . . Prescott

## Ouachita County.

Byrd, E. J. . . . . Millville  
 Davidson, A. . . . . Camden  
 Early, C. S. . . . . Camden  
 Haltom, N. F. . . . . Buena Vista  
 Henry, H. H. . . . . Eagle Mills  
 Mahan, J. M. . . . . Bearden  
 Meek, J. W. . . . . Camden  
 Morgan, C. M. . . . . Camden  
 Newton, W. L. . . . . Camden  
 Powell, E. B. . . . . Wesson  
 Purifoy, W. A. . . . . Chidester  
 Rinehart, J. S. . . . . Camden  
 Rushing, J. L. . . . . Chidester  
 Thompson, J. E. . . . . Stephens  
 Word, N. S. . . . . Camden  
 Simmons, W. H. . . . . Fordyce

## Perry County.

Blackwell, W. T. . . . . Bigelow  
 Didier, F. W. . . . . Bigelow  
 Howard, M. E. . . . . Perryville  
 Rieff, W. L. . . . . Perryville  
 Vermillion, W. H. . . . . Bigelow

## Phillips County.

Altman, C. G. . . . . Helena  
 Bean, J. W. . . . . Marvell  
 Bruce, W. B. . . . . Trenton  
 Cox, A. W. . . . . Helena  
 Cox, A. E. . . . . Helena  
 Ellis, J. B. . . . . Helena  
 Fink, M. . . . . Helena  
 Hall, L. . . . . Turner  
 King, W. C. . . . . Helena  
 Orr, W. R. . . . . Helena  
 Phillips, — . . . . Lexa  
 Penn, G. E. . . . . Lexa  
 Rembert, J. C. . . . . Wabash  
 Rightor, H. H. . . . . Helena  
 Russwurm, W. C. . . . . Helena  
 Thompson, H. M. . . . . Marvell  
 Trotter, C. H. . . . . Helena

## Polk County.

Davis, J. R. . . . . Mena  
 Lee, F. A. . . . . Mena  
 Parks, W. P. . . . . Mena  
 Sanders, Charles. . . . . Board Camp  
 Watkins, P. R. . . . . Mena

## Pope County.

Berryman, L. D. . . . . Russellville  
 Bratton, Lee. . . . . Atkins  
 Britt, J. B. . . . . Gum Log  
 Burgess, T. E. . . . . London  
 Campbell, J. M. . . . . Russellville  
 Drummond, R. M. . . . . Russellville  
 Darr, R. W. . . . . Atkins  
 Ferguson, J. B. . . . . Russellville  
 Hays, J. F. . . . . Russellville  
 Montgomery, W. A. . . . . Atkins  
 Ross, C. J. . . . . Caglesville  
 Teeter, C. R. . . . . Pottsville  
 Stanford, J. M. . . . . Hector

## Prairie County.

Gilliman, J. C. . . . . Des Arc  
 Hipolite, F. A. . . . . DeVall's Bluff  
 Hipolite, W. W. . . . . DeVall's Bluff  
 Lee, W. Allen. . . . . Hazen  
 Lynn, J. R. . . . . Hazen  
 Parker, James. . . . . DeVall's Bluff  
 Rhodes, H. T. . . . . Kansas City, Mo.  
 Robinson, F. C. . . . . Hazen

## Pulaski County.

Allen, S. W. . . . . Little Rock  
 Arkebauer, C. A. . . . . Little Rock  
 Bailey, W. E. . . . . Little Rock  
 Barlow, M. J. . . . . Argenta  
 Bathurst, Wm. R. . . . . Little Rock  
 Bentley, E. . . . . Little Rock

Bentley, C. E. . . . . Little Rock  
 Bledsoe, E. P. . . . . Little Rock  
 Caldwell, R. . . . . Little Rock  
 Carmichael, A. L. . . . . Little Rock  
 Cates, Thos. H. . . . . Little Rock  
 Chesnutt, C. R. . . . . Little Rock  
 Davis, E. N. . . . . Little Rock  
 Dibrell, E. R. . . . . Little Rock  
 Dibrell, J. L. . . . . Little Rock  
 Dibrell, J. R. . . . . Little Rock  
 Dooley, J. B. . . . . Little Rock  
 Falisi, J. V. . . . . Little Rock  
 Flinn, B. W. . . . . Little Rock  
 French, F. L. . . . . Little Rock  
 Green, J. L. . . . . Little Rock  
 Gibson, L. P. . . . . Little Rock  
 Gray, Oscar. . . . . Little Rock  
 Hardeman, D. R. . . . . Little Rock  
 Harris, A. E. . . . . Little Rock  
 Holiman, J. E. T. . . . . Little Rock  
 Hodges, E. E. . . . . Little Rock  
 Hodges, T. E. . . . . Little Rock  
 Howell, A. R. . . . . Argenta  
 Jewell, I. H. . . . . Paris  
 Judd, O. K. . . . . Little Rock  
 Kirby, H. H. . . . . Little Rock  
 Kory, R. C. . . . . Little Rock  
 Lenow, James H. . . . . Little Rock  
 Lindsey, R. W. . . . . Little Rock  
 Miller, W. H. . . . . Little Rock  
 May, J. R. . . . . Cummins  
 Maxwell, R. L. . . . . Little Rock  
 McCaskill, M. E. . . . . Little Rock  
 McGill, A. G. . . . . Little Rock  
 McRae, W. M. . . . . Little Rock  
 McKinney, A. T. . . . . Argenta  
 Meek, E. . . . . Little Rock  
 Meriwether, C. P. . . . . Little Rock  
 Moncrief, J. J. . . . . Bigelow  
 McNeil, M. P. . . . . Little Rock  
 Niehuss, H. H. . . . . Little Rock  
 North, A. . . . . Little Rock  
 Pemberton, E. M. . . . . Little Rock  
 Ogden, M. D. . . . . Little Rock  
 Prothro, H. . . . . Argenta  
 Reagan, L. D. . . . . Little Rock  
 Reed, C. C. . . . . Hensley  
 Runyan, J. P. . . . . Little Rock  
 Roberts, H. . . . . Little Rock  
 Smith, W. F. . . . . Little Rock  
 Saxon, R. L. . . . . Little Rock  
 Scott, C. V. . . . . Little Rock  
 Shinault, C. R. . . . . Little Rock  
 Cunningham, J. C. . . . . Little Rock  
 May, W. S. . . . . Little Rock  
 Johnston, E. E. . . . . Little Rock  
 Thompson, L. O. . . . . Little Rock  
 Snodgrass, W. A. . . . . Little Rock  
 Stewart, S. S. . . . . Little Rock  
 Stinson, H. C. . . . . Little Rock  
 Stover, A. R. . . . . Little Rock  
 Stover, Verne. . . . . Little Rock  
 Street, H. N. . . . . Argenta  
 Sweatland, A. E. . . . . Little Rock  
 Smith, Morgan. . . . . Little Rock  
 Sheppard, J. P. . . . . Little Rock  
 Vaughan, Milton. . . . . Little Rock  
 Vinsonhaler, F. . . . . Little Rock  
 Walt, D. C. . . . . Little Rock  
 Watkins, A. . . . . Little Rock  
 Watkins, J. G. . . . . Little Rock  
 Wayne, J. R. . . . . Little Rock  
 Witt, C. E. . . . . Little Rock  
 Zell, A. M. . . . . Little Rock

## Randolph County.

Black, G. M. . . . . Pocahontas  
 Brown, John. . . . . Foster  
 Hall, L. H. . . . . Pocahontas  
 Hamil, W. E. . . . . Pocahontas  
 Hull, H. B. . . . . Ravenden Springs  
 Johnson, R. R. . . . . Holmes  
 Johnson, J. J. . . . . Biggers  
 Johnson, T. Z. . . . . Holmes  
 Loftis, J. R. . . . . Maynard  
 Pringle, C. E. . . . . Pocahontas  
 Scheidt, Carl. . . . . Pocahontas  
 Spikes, J. M. . . . . Pocahontas  
 Shaver, B. M. . . . . Biggers  
 Throgmorton, H. L. . . . . Pocahontas  
 Shaver, W. R. . . . . Biggers

## Saline County.

Brunner, E. C. . . . . Bauxite  
 Gann, Dewell. . . . . Benton  
 Graham, A. J. . . . . Little Rock  
 Kelly, W. . . . . Benton  
 Kelley, O. R. . . . . Haskell  
 Melton, J. W. . . . . Alum  
 Phillips, J. M. . . . . Benton

## MEMBERS OF COMPONENT SOCIETIES.—Continued.

Prickett, C. .... Traskwood  
 Scott, C. .... Bland  
 Steed, C. J. .... Alexander  
 Walton, J. W. .... Benton  
 Young, J. K. .... Woodson

## Sebastian County.

Amis, J. C. .... Fort Smith  
 Brooksher, W. R. .... Fort Smith  
 Brooksher, S. L. .... Fort Smith  
 Buckley, J. H. .... Fort Smith  
 Bailey, W. W. .... Fort Smith  
 Coffman, J. S. .... Lavaca  
 Cooper, St. Cloud. .... Fort Smith  
 Claxton, W. A. .... Fort Smith  
 Dorente, D. R. .... Fort Smith  
 Eberle, J. G. .... Fort Smith  
 Epler, G. E. .... Fort Smith  
 Foltz, James A. .... Fort Smith  
 Foster, J. H. .... Fort Smith  
 Foster, M. E. .... Fort Smith  
 Garrison, C. W. .... Little Rock  
 Hesterly, E. L. .... Greenwood  
 Harvey, John H. .... Waldron  
 Hardin, A. E. .... Fort Smith  
 Hampson, J. K. .... Fort Smith  
 Holt, C. S. .... Fort Smith  
 Hynes, Geo. T. .... Fort Smith  
 King, H. C. .... Fort Smith  
 Johnston, D. T. .... Fort Smith  
 Johnston, Hugh. .... Fort Smith  
 Jones, E. B. .... Hartford  
 Looney, J. W. .... Fort Smith  
 McKelvey, A. A. .... Greenwood  
 Moulton, H. .... Fort Smith  
 McGinty, J. M. .... Fort Smith  
 Means, C. S. .... Jenny Lind  
 Myers, E. C. .... Fort Smith  
 Ozment, S. J. .... Fort Smith  
 Perry, J. F. .... Greenwood  
 Perry, M. L. .... Greenwood  
 Parks, R. F. .... Bonanza  
 Riddler, P. A. .... Fort Smith  
 Ryan, I. A. .... Fort Smith  
 Southard, J. D. .... Fort Smith  
 Wyatt, R. W. .... Fort Smith  
 Ware, Bert L. .... Jenny Lind  
 Weems, H. .... Fort Smith  
 Wood, Clark. .... Fort Smith  
 Woods, G. G. .... Huntington  
 Wilder, A. W. .... Fort Smith

## Searcy County.

Cotton, J. O. .... Leslie  
 Daniel, S. G. .... Marshall  
 Hollabaugh, C. B. .... Leslie  
 Henley, J. A. .... St. Joe  
 Russell, R. L. .... Leslie  
 Rogers, Wm. F. .... St. Joe  
 Smith, Ira. .... Leslie  
 Wood, E. W. .... Marshall

## Sevier County.

Archer, C. A. .... De Queen  
 Beauchamp, J. M. .... Chapel Hill  
 Hammonds, O. O. .... De Queen  
 Hendricks, B. E. .... Gillham  
 Hendricks, J. S. .... De Queen  
 Hopson, E. W. .... Lockesburg  
 Isbell, F. T. .... Horatio

Jameson, J. C. .... Gillham  
 Kolb, H. J. .... Provo  
 Kitchens, C. E. .... De Queen  
 Clinghan, J. J. .... Ben Lomond  
 Norwood, M. L. .... Lockesburg  
 Wisdom, W. E. .... De Queen

## Sharp County.

Gray, A. F. .... Hardy  
 Wood, T. J. .... Evening Shade

## St. Francis County.

Alley, W. H. .... Forrest City  
 Bogart, J. A. .... Forrest City  
 Bogart, H. D. .... Wheatley  
 McCormack, G. A. .... Goodwin  
 McDougal, J. F. .... Forrest City  
 Merritt, L. H. .... Forrest City  
 Rush, J. O. .... Forrest City  
 Hare, J. L. .... Wynne

## Union County.

Burnes, R. P. .... Huttig  
 Beekley, E. A. .... Lapile  
 George, J. W. .... El Dorado  
 Irby, F. L. .... Shuler  
 Harper, W. L. .... Junction City  
 Hilton, R. A. .... El Dorado  
 Johnson, C. B. .... Champagnolle  
 Mahoney, F. O. .... Huttig  
 Murphy, H. A. .... El Dorado  
 Mitchell, J. G. .... El Dorado  
 McMath, J. T. .... Hillsboro  
 McCall, F. .... Lawson  
 Murphy, George W. .... Strong  
 Mayfield, A. M. .... Shuler  
 Moore, J. A. .... Dexter, N. M.  
 McGraw, S. J. .... El Dorado  
 Purifoy, L. L. .... El Dorado  
 Pettus, C. S. .... El Dorado  
 Rowland, R. E. .... Huttig  
 Sellers, William. .... Junction City  
 Spears, B. H. .... Caledonia  
 Stewart, C. A. .... Three Creeks  
 Thompson, S. E. .... El Dorado  
 Vines, C. L. .... Lisbon  
 Vines, Frank. .... Hot Springs  
 Wharton, J. B. .... El Dorado  
 Waller, W. L. .... Tubal

## Washington County.

Bean, J. L. .... Cane Hill  
 Bearden, John M. .... Sonora  
 Blackburn, T. W. .... Cane Hill  
 Brewster, J. H. .... Prairie Grove  
 Canon, J. S. .... West Fork  
 Christian, D. .... Springdale  
 Dinwiddie, R. R. .... Fayetteville  
 Ellis, E. F. .... Fayetteville  
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 Young, F. B. .... Springdale

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 Hassell, J. W. .... Searcy  
 Hassell, A. B. .... Rose Bud  
 Jelks, J. M. .... Searcy  
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 Little, R. L. .... Judsonia  
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 Gephart, R. T. .... Cotton Plant  
 Jelks, L. A. .... McCrory  
 McKnight, C. H. .... Cotton Plant  
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### Original Articles.

#### TESTING THE EFFICIENCY OF THE COLLATERAL CIRCULATION AS A PRELIMINARY TO THE OCCLUSION OF THE GREAT SURGICAL ARTERIES.

Carroll W. Allen, M. D.,  
New Orleans, La.

"The surgery of the vascular system bristles with problems which still await solution, but none appear to be more important or fundamental than the study of the collateral circulation in its behavior to occluded arteries and in the means of testing its efficiency or inefficiency before permanently obstructing the more important arterial channels of the circulation.

It must be apparent to all surgeons who have kept abreast of the great phenomenal advances which experimentation in the laboratory and in the clinic have recently brought about in the treatment of the surgical diseases of the blood vessels, that the general principles which have hitherto governed the treatment of the accessible surgical aneurisms must soon undergo revision.

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\*Read in the Section on Surgery of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

It must be conceded, to begin with, that the classic principle, that a diseased aneurismal or injured artery could only be made safe by the suppression of its blood-carrying function, whether by litigation, extirpation, or other means of obliteration (Scarpa), is rapidly yielding to the better appreciation of the true surgical ideal, which is to cure, if possible, without the suppression of the vascular function.

The need of preserving the function of the great vascular trunks, especially the great arteries at the root of the limbs, of the neck, and of the viscera, and the obvious dangers which attend their surgical obliteration have always been apparent to surgeons. But the fear of obliterative thrombosis and secondary hemorrhage and the difficulties of the technic by which the continuity of the vessel can be restored are even now so grave an obstacle in the way of the accomplishment of the ideal, that, in spite of the vast increase in the surgical resources by which this *restitutio ab integro* may be accomplished, many among us, even the most skillful, are led to follow the old beaten path, with its easy methods of obliteration, and trust to nature and the collateral circulation to supply the blood deficient in the suppressed area."—Matas.

Aside from aneurisms, numerous other surgical conditions arise in which it may be

necessary to ligate or extirpate a large vascular trunk, and in which, if the collateral circulation is not previously tested to determine its competency to care for the nutrition of the part, may greatly add to the hazard of the operative risk. Such conditions are present in malignant or other diseases of the head, face and neck in which it may be necessary to ligate or remove portions of the common carotid or internal jugular.

In the extremities, but particularly the lower, it may become highly desirable to determine the competency of the collateral circulation before operation in such conditions as aneurisms, growths or other disease involving the main artery of the part, also for the early determination of the lowest point at which the circulation is competent in gangrene from obliterative arteritis. The above and other similar conditions, when summed up, offer quite a surgical array in which, if this pre-operative information is not obtained, and its indications followed, disaster may attend an improper surgical intervention.

This information can be acquired by the application of two methods, both simple and easy of execution; one involving a slight operation, the other a non-operative procedure.

These methods were first thoroughly tested by numerous experiments, the first to be described **THE OCCLUSION OF LARGE SURGICAL ARTERIES WITH REMOVABLE METALLIC BANDS**, was thoroughly worked out in one hundred and sixty-eight experiments upon dogs, performed in the laboratory of operative surgery of Tulane University, using principally the common carotid arteries. The chief object of these experiments was to determine whether the large arteries can be occluded long enough to make it possible to observe the effects of the arrested circulation in the territory supplied by the occluded vessel, without irreparably damaging the artery during the period of observation. In conducting these experiments we had in view the three following principal points: (1) How long can an artery be occluded so as to arrest all flow of blood through its lumen without permanently obliterating it? (2) What is the utmost limit of time that compression with a removable metallic band can be maintained before permanent damage, leading to thrombosis, occurs in the intima? (3) What

are the changes that occur in the vessel after occlusion has been maintained for a certain number of hours, or days, at the time of the constriction and after constriction has been removed?

In addition to our prime object, which was to devise a satisfactory means of testing the efficiency of the collateral circulation, we have been especially concerned with the kind of material best suited for the compression of the arteries, combining the features of tissue tolerance, facility of application and ease of removal, with a minimum of trauma to the artery.

In these experiments the vessel was occluded for intervals varying from 12 to 144 hours (one-half to six days), in some cases at the termination of the allotted time the vessel and band were removed together, in others the band was first removed and its site identified by a knot of thread left in the tissues; the wound was then closed, and after intervals of from three to ten days the vessel was removed. This was done to determine, if possible, any late changes which might develop at the point of occlusion which might not be apparent in an immediate examination. In all cases the vessels were studied both macroscopically and microscopically.

As a result of these experiments the following conclusions were arrived at, which I will state briefly as follows: (1) It is possible to compress a vessel to the point of obliterating the pulse and maintain this pressure for from three to four days before obliterative endarteritis occurs. (2) All vessels occluded in the manner recommended stand compression seventy-two hours without recognizable gross visible changes; some begin to show decided changes after ninety-six hours.

In a report by Dr. F. B. Gurd, then demonstrator in the laboratory of Surgical Pathology at Tulane University, he concludes, in part, as follows: "Unless trauma be sufficiently marked to crush the tissue throughout the entire thickness of the vessel walls, no changes will be noted, either in the endothelial lining or in the inner layers of the muscular coat in the vessels which have been clamped for seventy-two hours or less. In vessels which have been subjected to clamping for four days or more, there does not appear to be the same tendency to return to normal conditions. The lumen remaining

obliterated, but little evidence of degenerative change is seen and thrombosis formation is, apparently, not prone to take place."

The material of which these bands are made, its preparation, and the method of application of the bands to the vessels are of considerable importance. In the early stages of our experimental work various kinds of bands made of silver and other material were soon discarded for aluminum, which was found to be the best material, sheet aluminum having a thickness of No. 20, on Brown and Sharp's sheet metal gauge was preferred. This was annealed to make it pliable, and cut in bands as wide as one diameter of the vessel to be occluded; the bands are then carefully prepared, cutting away all sharp edges and rounding their sides by a process of manicuring to remove all cutting edges.

In the technic of application each band is made long enough to be used in much the same way as an aneurism needle with one end curved in the shape of a flat hook which is passed around the exposed vessel; it is then gently compressed about the vessel with the fingers until the pulse on the one distal side becomes imperceptible; the excess of band is then cut away with stout scissors or preferably small wire clippers.

If it should become necessary to remove the band at any time, on account of ischemic disturbances in the territory supplied by the occluded vessel (e. g., when cerebral disturbances occur after occlusion of the common carotid), the point of a sharp instrument inserted between the approximated ends of the band and slightly twisted accomplishes the separation and releases the vessel, allowing the circulation to be restored. These bands have now been used by us on the human subject approximately twenty times; in all cases the band is applied as a "test occlusion," and if after two or three days no disturbances arise, the bands are left permanently and any radical operation contemplated may be proceeded with.

Among our cases the following illustrated the range of surgical conditions in which the bands were used: (1) On the rt. com. carotid and rt. subclavian (third division) for innomino-aortic aneurism. (2) On rt. com. carotid and rt. subclavian for innomino-carotid aneurism. (3) As a preliminary to extirpation of a tumor of the upper caro-

tid region, followed in three days by simultaneous extirpation of the tumor with the common carotid, including its bifurcation.

(4) On the rt. com. carotid as a preliminary to extirpation of tumor of lower jaw and submaxillary region. (5) On the left com. carotid as a preliminary to extirpation of pharyngeal, palatine and tonsillar neoplasm. (6) On the rt. com. carotid, as a preliminary to extirpation of carcinoma of root of tongue. (7) On the left com. carotid and internal jugular, as a preliminary to extirpation of all the soft tissues on left side of neck in sarcoma of the parotid region; in this case the pneumogastric nerve was blocked by a cocain injection at the time of the application of the bands to determine if this nerve could be safely resected in a radical extirpation as it was involved in the growth; the nerve and vessels stood the test well and were all removed a few days later. (8) The value of the band was again demonstrated in a striking and most unusual case operated upon but a few days ago by Prof. Matas; the patient, a colored man of fine physique, had been shot in the neck fifteen years previously, which resulted almost immediately in the formation of an arterio-venous aneurism between the common carotid and internal jugular about the level of the larynx. This continued to grow until at the time of operation it had reached enormous proportions extending from beneath the clavicle to the base of the skull. The operation, a most interesting one, will be reported by Prof. Matas later. This case was dealt with in two stages, the first comprising the application of the band to the carotid and the clearing of the field, followed in forty-eight hours by the extirpation of the sac and closure of the aneurismal opening.

In these and other similar cases the bands were applied as "test occlusions," but as in none of these cases did cerebral or other disturbances in the peripheral circulation develop, the bands were allowed to remain undisturbed and in this way permanently occluded the vessels to which they were applied.

In our experience and in that of others in which the prophylactic value of the bands was strikingly demonstrated is illustrated by the following cases. One case was reported by Dr. C. H. Mayo at the meeting of the American Surgical Association, held

in Washington, May, 1910. The patient, a woman over sixty years of age, had suffered from a relapse of all the exophthalmic symptoms, complicated with general cirroid enlargement of the vessels of the cranium and face. The patient came to him after the common carotid on one side had been ligated for arterivenous aneurism (presumably traumatic rupture of the internal carotid in the cavernous sinus).

In the first operation an attempt had been made to ligate the dilated vessels around the orbit, resulting in the loss of an eye. When the patient came to Dr. Mayo there was an enormous protrusion of the left eye, and pulsating veins on that side of the head. He determined to occlude the common carotid by the method we have described, and proceeded to do so under cocain anesthesia, using a little clip of block tin about three-quarters of an inch long, and the width of the artery. When he was almost through with the operation the patient remarked that she could not see anything—"the light was going out." He immediately began to loosen the clip until the vision returned. At the time of the report of the case (this had been done six months previously) the clip was still on her common carotid and her vision was better than before the operation.

This is a brilliant and convincing demonstration of the superiority of the band over the ligature. If a ligature had been applied, irremediable damage to the artery would have followed.

On November 16, 1910, a white laborer, aged sixty-two years, entered our surgical service (Ward 69) in the Delgado Memorial Charity Hospital, presenting an advanced carcinoma of the left upper maxilla.

The tumor projected as a disfiguring mass from the cheek and was complicated by a large aggregation of glands which filled the left submaxillary and upper carotid regions. As these glands were immovable and adherent to the carotid sheath, as low down as the bifurcation of the carotid, we concluded that a radical operation would be impossible without a block dissection of the glands, which would in all probability necessitate the extirpation of the carotid branches, including the bifurcation and the upper internal jugular. We therefore decided to limit our first occlusion of the common carotid at the point of election in order to test

the efficiency of the collateral circulation in the brain. This procedure was carried out at our regular clinic on Monday, November 21. The artery was readily exposed after a preliminary local cocain (Schleich No. 1) and epinephrin anesthesia, which was in every way satisfactory. An aluminum band was adjusted to the common carotid, the band molded and pressed on the vessel with the fingers until the pulse on the distal (cerebral) side ceased to beat. Before this was done, careful note was taken of the pulsation of the opposite right carotid and of the pulses in the peripheral branches (facial and temporal), which were distinctly felt. After the occlusion it was noticed that the temporal and facial pulses on the corresponding (left) side had practically ceased, while those on the opposite side remained undisturbed. The patient stood the operation perfectly, assisting us in changing the position of the head to suit our purposes. We watched carefully for cerebral symptoms after the occlusion, but the patient never complained; the pupils remained symmetrical, there was no syncopal feeling or dizziness and only a little pallor on the affected side. The patient drank a toddy with relish. The wound was then closed in the usual manner. The artery was occluded at 10:30 a. m., and the patient was on his way to the ward at 11 a. m. Instructions were given to watch carefully for cerebral symptoms. The patient was reported doing well and comfortable until about 6 p. m., when it was noticed he had become aphasic and very somnolent and almost completely hemiplegic on the right side of the body. We were quickly notified of the occurrence by the interne of the service, and one of us (Dr. Allen) at once proceeded to the bedside.

He found the condition of the patient as above stated; the stupor amounting almost to coma, with vomiting; marked dyspnea and rapid, weak pulse, 120; temperature subnormal.

All these manifestations came on rather suddenly. After some unfortunate delays, the wound was reopened with aseptic precautions and the band removed at 7:30 p. m., about one hour and a half after the brain symptoms had been recognized. After the removal of the band, the circulation in the carotid and its branches was quickly restored. The peripheral pulses in the facial

and temporal could be felt, and the artery pulsated where the band had previously compressed it. No damage had been done to the artery apart from a slight edematous indentation. The wound was closed with sterile adhesive strips and occluded with sterile dressings. During the night that followed the patient roused more easily, the pulse fell to 90 and the respiration improved. The next day, Tuesday, November 22, the patient was still lucid, though aphasic, and less paretic in the right arm and leg.

He swallowed well and maintained a good state of nourishment. On Wednesday, November 23, there was marked and decided improvement in speech; no somnolence or stupor; the hemiparesis of arm and leg was rapidly disappearing. Thursday, November 24, the patient's mental state was practically normal. Speech was no longer impaired; there was no aphasia; he had regained full control of arm and leg. All that remained was a tingling and slight numbness in the right arm and leg. Here, then, we have a conclusive demonstration of the complete recovery of the brain after a period of ischemia in the left hemisphere lasting about nine hours, and a complete functional recovery in about sixty-two hours after the removal of the occluding band. It is probable that if the band had been removed immediately on the appearances of the first symptoms the period of repair would have been shortened considerably. As it is, the value of the band, as a preliminary test of the competence or incompetence of the cerebral collaterals, has been convincingly demonstrated. Had the artery been ligated in the old-fashioned way, it is more than probable that irreparable damage would have followed, and that we should have had to deplore a calamitous fatality instead of rejoicing over a happy rescue from a most menacing situation.

Dr. Gessner reports a case of growth of the Inf. Maxillary region, involving the great vessels of the neck, in which he applied the band to the common carotid artery of that side under local anesthesia as a test occlusion. Four hours later the patient became comatose, with a hemiplegia of the opposite side of the body; two hours after the first development of these symptoms the band was removed, improvement was immediate, the hemiplegia and coma gradually

disappearing until by next day his condition was normal. The patient left the hospital in three days, discharged as an inoperable case, no worse for his experience.

As a result of our experimental and clinical experience the following conclusions seem justified:

1. It is possible to compress a vessel to the point of obliterating the pulse and maintain this pressure for from three to four days before obliterative endarteritis occurs.

2. All vessels clamped in this manner stand compression seventy-two hours without recognizable gross visible changes; some begin to show decided changes in ninety-six hours.

Finally, there is seemingly no good reason why in ligating the great vessels at the root of the neck and at the limbs, in continuity, these removable bands should not be substituted for the circular ligature, which permanently damages the artery, even when carefully applied.

The ligature cannot be released when fatal ischemia threatens in the peripheral parts, as in the brain, without almost absolute certainty of thrombus formation or embolus starting at the seat of the ligature.

The advantages of this simple method of arterial occlusion, which interrupts the circulation without damaging the arteries permanently, can be readily appreciated by all those who realize the practical importance of first testing the efficiency of the collateral circulation. In applying the bands, particularly to the vessels of the neck, it has been our invariable practice to do so under local anesthesia. In this way one is able to detect at once any changes taking place in the brain, and have the patient's co-operation in watching for any developments which could not be detected as early or might be decidedly obscured if a general anesthetic were used.

The second method which I wish to present is the "Matas Hyperemia Test." This is fully as interesting and equally as valuable as the preceding method.

The first conception of a hyperemia test dates back to investigations of Korotkow and his colleagues during the Russo-Japanese War, and later by Moskowitz in 1907. These methods, however, fell short of general application or failed to yield satisfactory results in all cases.

The best European sentiment on this subject is reflected in the significant statement by Kruger in 1910, when he said: "Up to the present day we cannot tell positively in any case of ligature of the large blood vessels, whether gangrene will not occur at the periphery." This assertion, emanating from the most advanced centers of surgical culture in Germany, clearly reflects the status of opinion on this subject and is the more reason why we should endeavor to fill this gap in our present knowledge of the physiopathology of the peripheral circulation. After an extensive experience with these problems and numerous experiments upon normal and abnormal limbs, Prof. Matas devised the following test, which may be best illustrated by taking an aneurism of the popliteal, which we may select as the most frequent of the surgical type of this disease. The first step to be taken in applying the test is to put the patient on his back and expose the affected limb on a white cloth or sheet, which will show the contrast of the color of the skin to the best advantage. A good daylight is, of course, necessary.

Begin by determining the line of the femoral in Hunter's canal, and adjust the block of the compressor over the line at a point nearest the aneurism without encroaching upon the sac. Then tighten the compressor on the artery until all pulsations and sounds cease in the aneurism and the volume of the swelling is reduced. At this juncture, if there is a peripheral pulse in the dorsalis pedis and posterior tibial, the pressure should be continued until these peripheral pulses cease absolutely.

After keeping the tourniquet on for some time and while the aneurism is absolutely still and collapsed, some change may be noticed in the color, the temperature, and the sensibility of the skin below the knee, and especially of the foot and leg. As the pressure is continued the limb will become colder and paler at the digits, and the patient will complain of numbness and a dead feeling in the foot and leg. Observations on the color and temperature of the foot while the aneurism is "still" are in order. It is probable that as long as the collateral circulation is efficient, the color of the limb, while becoming markedly paler at first, and for some time after the compression is continued, will remain at a standstill or im-

prove, according to the efficiency of the collateral circulation. The variation in color noticed after compression of the main trunk, above the aneurism, are not always marked enough to allow the observer to arrive at conclusions, especially as the bulk of the blood originally in the limb before the experiment began has not been displaced by forcible exsanguination with elastic pressure.

After familiarizing himself with the position of the artery at the point nearest the aneurism, where it can be compressed with accuracy, the assistant is prepared to temporarily relax the pressure and proceed to the application of a broad Esmarch elastic bandage, which is to be adjusted snugly from the tips of the toes, compressing these more evenly over several layers of gauze, and continuing the roller until the upper level or pole of the aneurismal swelling is reached. At this level the bandage is firmly held in position with a clamp while the operator readjusts the compressor until all pulsation in the sac is absolutely arrested and the aneurism is stilled. The same tactics will apply equally well in arteriovenous aneurisms.

With the finger of the operator constantly on the aneurism to make sure that its pulsation is absolutely controlled, the elastic bandage is held in place for five minutes in old subjects or eight in the younger patients, especially in dealing with traumatic cases (in these less risks of thrombosis, embolism and injury to the artery). The elastic bandage is now quickly removed, while the compressor still secures the main artery.

Close attention must then be given to the returning hyperemic wave, and the progress of the blush is noted as it descends, rapidly at first, in the zone immediately below the level of compression.

A delay of fifteen or twenty minutes, or in some cases even longer, may be needed before the hyperemic wave reaches the extreme peripheral parts of the limb; but should these distal parts remain pale or cadaveric through failure to be reached by the gradual advance of the hyperemic wave, it can confidently be predicted that should any intervention be undertaken which contemplates the occlusion of the vessel at the point tested that gangrene will occur in these parts.

This method has now been applied in a large number of clinical cases, including

arterial aneurism, arteriovenous aneurism, senile and presenile forms of gangrene. In all cases it has met our expectations and proved a reliable means of determining the condition of the collateral circulation.

It is equally applicable to gunshot or stab wounds of the vessels and in growths involving the vessel walls, in which cases it is highly important to learn before operation whether resort should be had to simple ligation with division or resection of the vessel or whether preparations should be made beforehand for vascular suture or for re-establishment of the vascular continuity by transplantation of a venous section.

In cases of gangrene much time and suffering can be saved the patient with the dangers attendant upon delay by an early application of this method which will determine limits of competent collateral circulation.

An amputation done within the hypere-mic area will be within viable tissue; where this method is not applied, and it is deemed advisable to resort to early operation, in following the Heidenhain rule, operation should be done above the knee; but in at least one case of this kind we were able to operate below the knee, thus giving the patient a better stump and saving him from a more mutilating operation.

This method has even a wider range of application than indicated above, where it has been spoken of for diagnostic purposes only. Many cases occur in which the collateral circulation will be found deficient when subjected to this test, and in such cases when they do not require immediate surgical intervention, the collateral circulation can often be developed by the interrupted compression of the arterial trunks for gradually lengthening intervals.

Those interested in a more thorough study of this subject will find it in the *Journal A. M. A.*, January 28, 1911, "Occlusion of Large Surgical Arteries," etc., by R. Matas and C. W. Allen, and in the "Annals of Surgery," January, 1911; "Testing the Efficiency of the Collateral Circulation," etc., by R. Matas.

#### DISCUSSION.

Dr. E. S. Judd (Rochester, Minn.)—I enjoyed Dr. Allen's paper very much. I have not had any personal experience in these cases, but C. H. Mayo did one operation some years ago in which the particular method described by Dr. Allen was most valuable and certainly saved the sight of the patient's one remaining eye.

We have recently operated on two cases of aneurism of the common iliac artery by the method described by Neff at Los Angeles last year. It is as follows: The vessel is exposed and two small plates of aluminum applied on opposite sides of it as a clamp. Between the two open ends of the clamp is placed a good-sized piece of catgut. Around the ends of the clamp is wound a piece of ordinary rubber band. As the catgut absorbs out of the cavity the rubber band contracts and pulls the end of the clamp together. I have operated on one case of aneurism of the common iliac artery by this method. It was a difficult operation, requiring over two hours, since I had to make an abdominal incision to determine the location of the aneurism which almost filled the pelvis. Right inguinal herniotomy had been done on the patient the year before and pulsations had begun a few months later. The abdominal incision showed that the aneurism involved almost all of the right common iliac artery. I could not get at the aneurism from the abdominal incision, and therefore made an incision over the sac and placed a clamp just distal to the abdominal aorta. The patient went along fairly well for three or four days, but with considerable reaction, and finally died. A complete autopsy failed to reveal sufficient reason for his death. Circulation in the left leg was good, that in the right leg was not so good, but the limb was warm. He had suffered but little pain in the leg.

Dr. Beckman's patient had an aneurism running down as far as the popliteal space. Dr. Beckman made an exploratory incision in the thigh and found the femoral artery about an inch and a half in diameter. He dissected down to the popliteal space, but the artery was quite as large even there. He then made an abdominal incision and found that the abdominal aorta continued directly downward. The right common iliac was like a branch off from this main vessel. The clamp was placed about one and one-half inches below the point where the artery for the right side came off. The circulation was very good for a time. Pulsation of the artery gradually grew less and at the end of ten days it was completely gone. The patient was then allowed to get up and move about, and inside of three weeks the pulsation was back again.

Dr. Brooksher (Fort Smith)—I don't want to try and discuss the paper from a scientific standpoint, and neither from a practical standpoint, but I certainly want to thank Dr. Allen for the presentation of this paper. Probably the greatest field that is going to be opened up in surgery in the next few years is to be vascular surgery, and it certainly has been an eye-opener to me to listen to the paper this afternoon. I have been very much pleased, gratified and entertained by the doctor's paper, and I feel perfectly certain that the investigations that are being done by the leading men of the profession today are going to open new fields. We sometimes think that the art of surgery has already reached the limit of perfection. As one of the great surgeons of the world said about 1885, we could not expect any more advancement in surgery; that as far as practical operations were concerned, surgery had reached its zenith; that we need not expect any more advance. So we feel now that the advancements have followed since 1885; the great work surgeons have been doing since then show how far wrong this great man was, and how far wrong we probably are now. Notwithstanding, it seems impossible to us for there to be any further advance. The probabilities are that in the next five, ten or fifteen years we are going to see as marvelous things to us as what we see now are to the generation that has just preceded us. And the greatest ad-

vancements perhaps will probably be in vascular surgery, and the doctor's paper only reveals to us what great possibilities there are along that line. I thank the doctor very much, and in this I am sure I but voice the sentiments of every member present for his most excellent paper.

Dr. Ogden (Little Rock).—I would like to state for the information of Dr. Allen that the absence of such papers as his prior to this time is the reason for our inability to discuss his, and papers such as the one that he has presented are regarded by us, I feel sure, as more in the nature of instruction than of information on subjects with which we consider ourselves fairly well familiar; and we all feel now under many obligations to him for taking the trouble to come up here and at least give us light on the investigation that is being carried on along those lines. The occlusion of a vessel leads to other results. I mean, not only the occlusion, but the complete occlusion; but if we get results from temporary occlusion they will no doubt give us a line on some satisfactory method of partial occlusion or gradual occlusion of the vessel, an aim which has been sought for a great number of years, and upon which Prof. Halstead has done so much work and given us something at least to hope for in some of those aneurisms of the larger vessels like the abdominal aorta, where we can hope for gradual occlusion of the artery above that point and giving the collateral circulation at least time to make good if it did not at the time of operation. I feel sure that the members of the section will join with me in extending thanks to Dr. Allen for his information.

Dr. Carroll W. Allen (New Orleans).—Some question was asked that brings up a very interesting phase of this subject. The discussion and the paper we have presented here this evening is the first of a series we hope to present within the next year dealing with the very trouble spoken of this evening. About the occlusion of such vessel as the abdominal aorta, about six years ago we abandoned the idea of doing it with clamps. We tried all sorts of clamps. We tried the gradual obliteration of it by such stout material as animal sinew which we had specially prepared. That is the idea of Dr. Wyeth. The technic of Dr. Halstead was the gradual obliteration of it by little tin bands which were very skillfully rolled by a specially devised instrument around the vessel and gradually obliterated. Dr. L. Matas has divided the abdominal aorta several times by that method. We tried it out and found it unsafe in a large number of cases. Of the many methods we tried, of which I could enumerate a large number, we successfully divided the abdominal aorta both below and above the iliac axis in the dog five times, and I have two very thorough dissections of the collateral circulation showing the process. We did it in the two-stage operation in cases below the renals, and in the three-stage above, by the use of bands. Now, we tried to do it in the one-stage operation by the use of a band with a spring to it, very much like the kind that Dr. Neff has later used, except we found that rubber was unreliable. It would break. So we got little clips made with springs in them that would gradually do the work. We abandoned it as unsafe. The difficulty in doing it with any metallic surface in the case of a gradual occlusion of a vessel of the size of the carotid or any vessel even of the carotid size, and certainly the abdominal aorta, you put a ring around it, leaving a portion of its lumen open, and every time that pulsation comes down it is just hammering against it and doing just what your aneurism does when it rubs up against the bony surface. It is going to begin ulcerating, and that is what took place. Some cases would go as long as fourteen days or three weeks, and the dog be in fine

condition, running about, and drop dead. We post-mortemed every one of them, and we have got the dissections. The specimens have all been preserved showing this process, and we gradually weeded out and discarded one thing and another.

I have been doing clinical work under the guidance and advice of Prof. Matas, who probably had as much experience there as anyone. I do not want to anticipate the paper of Dr. Matas. The doctor will probably give it at one of the early meetings which he will attend. He is going to the American Surgical Association meeting at Montreal. He was wired to try and come up, and he very probably will give this subject.

There is a great deal more to say. I think the use of bands belongs to Dr. Halstead in this country. It has been used abroad. Dr. Neff's idea is certainly ingenious, but we found it unsafe and gave it up some five or six years ago.

Dr. Foltz (Fort Smith).—I move that we give Dr. Allen a rising vote of thanks for his very valuable and unusually interesting paper.

(The motion carried.)

## BACTERINS AND BACTERIN THERAPY.\*

By A. L. CARMICHAEL, M. D.,  
Little Rock, Ark.

Bacterins are killed micro-organisms, with their toxin not destroyed. We have stock, stock polyvalent, autogenous and the autogenous mixed bacterins. Stock bacterins are made of micro-organisms of the same family causing similar infections, the stock polyvalent are made from many strains of the same kind of organisms. An autogenous bacterin is made from the micro-organisms causing the particular infection, while an autogenous mixed would be made from all the micro-organisms producing the particular infection.

All bacterins are made by growing the particular organism or organisms on suitable artificial culture media, washing off with normal saline solution, subjecting the suspended bacteria to sufficient heat to kill them, but not destroying its toxin, the standardization of the killed bacteria and testing for its sterility by again planting on suitable culture media.

The technic of manufacturing bacterins is too well known by you for me to go into a detailed description of it, but I do want to lay special stress on two particular points. First, is relative to the manner of counting the bacteria in the standardization. I believe the method of counting and using the red blood cells as a standard is subject to severe criticism and is not at all accurate, even where

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a red blood count is made at the time of standardizing the bacteria. This, of course, would overcome any error as to the number of red cells per cubic millimeter, and we would not use five million as the standard, but whatever number was found. The main objection being that some of the more delicate bacteria undergo lysis during the short time of contact with undiluted, normal serum. They will not take the stain which is subsequently used and the preparations do not show the full number of bacteria present.

A modification of this method is washing the blood cells free of their serum with sodium citrate before adding them to the bacteria. This washed preparation will not admit of staining and the bacterins have to be counted in a fluid state. The time consumed in washing the red cells free of their serum and all is too technical, and even then you might not count all the bacteria unless you have your film exceedingly thin.

It is my opinion that the method of plate counting is much more accurate and preferable. It is also a much less laborious method and unquestionably the most practical. A five or six-inch petri dish will easily permit of an accurate count of fifty colonies, and you can make your dilution to meet the requirements, judging from the microscopical appearance as to the apparent number by observing its density. Waiting to incubate this for twenty-four hours does not delay the process, for the simple reason that you should wait at least that long; and you are compelled to wait that long in order to be sure that your preparation is free of living bacteria on the culture media which you have planted to test its sterility. While this feature is important along with other points of the technic, the main and all important point is the amount of heat to which the micro-organisms are subjected to kill them, but preserve their toxin. It is my opinion that the whole proposition hinges on this particular point. The success of bacteria therapy depends absolutely on whether or not you are dealing with an active product, therefore an overheated bacterin is absolutely worthless. From my personal experience I have learned that 60 degrees C. heat for one hour is too much heat for most micro-organisms; you not only kill the organism, but you destroy its toxin, the very thing that has the therapeutic effect. In my opinion this is the reason we

seldom get a response from a stock bacterin. I have found that 53 degrees C. will kill most all micro-organisms other than spores and at the same time will produce an active and effective preparation. It is true that it takes from 55 degrees C. to 60 degrees C. for one hour to kill some, but I have found but very few strains that would stand even 55 degrees C. for one hour. The most active bacterin is one that is subjected to the least amount of heat that will kill in the shortest possible length of time. My technic is to wash off the growth to three separate tubes, heating the first to 53 degrees C. for one hour, testing for its sterility, and so on until I have an active product.

Another important thing is that certain bacteria produce a more efficient product grown on different artificial culture media. For instance, the bacillus typhosis grown on an agar slant will produce a more efficient bacterin than one grown in bouillon; the staphylococcus pyogenes is better grown in bouillon. This depends on whether or not the micro-organism is purely a facultative anaerob. In all probability the passage of the bacteria through an animal after being grown on the artificial culture media, then back on the culture media would increase its toxicity. This particular point I have not tested out. I have not met with success in killing the bacteria with chemicals.

From my personal experience with bacterins in the treatment of certain conditions I have had the most convincing results.

It is my opinion that bacterins are indicated only in chronic or sub-acute localized infections, and that they are absolutely contraindicated in any general systemic infection or even any acute localized infection where nature is putting forth her best efforts. Active bacterins produce an active immunization which depends on the antibodies developed in response to the infection when on the part of nature the body fails to develop these antibodies in adequate fashion. This is manifest by first a negative and then the positive phase. The negative phase follows the administration of the bacterin in from four to eight hours, and is attended with malaise, a slight headache, general ill feeling, and, if the dose be too large or the individual is hypersensitive, then it is attended with chill and fever and is always characteristic of the original micro-organism producing the infection. Following this is the positive

phase which immediately begins to immunize the individual, or produce an active immunization. This combination of affairs is spoken of as raising the individual's opsonic index. In other words, the body tissues of the individual are perhaps worn and tired out from fighting the acute infection and by the use of the bacterin we stimulate this person's resistance power and he puts forth renewed energy to rid himself of the infection. The duration of the positive phase varies, but as a rule will continue from five to seven days, perhaps beginning to wane about the fifth day from the administration of the bacterin. The success or therapeutic value depends to a great extent on the time of the repeated injections. The effect of the previous dose should not be lost before the next one is administered. The negative phase is never so pronounced or prolonged after the first dose, and it is my opinion that we get better results after we have learned our dose for the particular individual and learned his degree of sensitiveness, together with his duration of the two phase.

One of the most essential things in bacterin therapy is a correct diagnosis, and without this one will forever be dealing with disappointment. Every urethritis is not by any means due to the gonococcus; therefore the Neisser bacterin could not be expected to yield any results in any infection other than the gonococcus. It has been my experience that very few of these old chronic prostatic infections that have existed for any length of time, say from five to six years, are infected with the gonococcus. This organism was no doubt the original invading bacteria, but has been whipped out or burrowed beneath the mucous membrane and you do not find them in the discharge. Should there be such condition as last mentioned, some stimulating and irritating condition, as the installation of nitrate of silver, or, better, some beer and excessive sexual intercourse, will bring them out for a short time.

The dose as to the number of bacteria is absolutely arbitrary; a dose that will produce a lasting, positive phase, causing as little malaise and ill feeling as possible, I believe to be the proper one. Taking the opsonic index requires too much time and labor to be of practical value in directing the size of the dose or the time of repeating the injection. I have found that watching the

leucocytes and an occasional comparison of the number of bacteria found, together with the clinical symptoms, are the most practical guides. I have learned that any infection attended with leucocytosis, that the proper dose for that case is one that will produce and maintain a constant leucocytosis. All infections are not attended with a leucocytosis, but it is my experience that all acute infections are attended with a relative increase of one or another of the white cells, and gradually increase it as conditions become chronic stimulates that particular leucocyte and we again have a relative increase.

It is my opinion that we should feel our way by beginning with a very small dose and gradually increase it as conditions demand. I believe fifty million gonococci, one hundred million staphylococci, for instance, is a safe initial dose as a therapeutic measure, some cases requiring more or less than others.

Bacterins are not only specifics in these old chronic conditions that nothing else will cure, but another field of great usefulness is as a prophylactic measure. No one at this day will question the value of the typhoid bacterin as a prophylactic measure against typhoid fever. The article by Maj. F. F. Russell, on "The Control of Typhoid in the Army by Vaccination," and a number of others that have been written in the last year or so, are most interesting and convincing. While it does not always furnish absolute immunity, it does in the great majority of cases; and those that have a predisposing susceptibility to typhoid infection that are not made immune by it are benefited to the extent that, should they contract the disease, statistics show that the attack of fever is much lighter than on those not partially immunized and the death rate is very much reduced.

I believe that the typhoid bacterin will show a material benefit in the way of reducing the number of typhoid carriers.

In the last few months we have had some most gratifying reports on the meningococcal bacterin as an immunizing or prophylactic agent. This, however, has not reached the perfect point as has some of the serums and other bacterins; but, to say the least, it is most encouraging.

The tuberculin used are the greatest agents at our command in the handling of localized tubercular infections.

I want to conclude by saying that bacterins properly made, or, in other words, an active bacterin properly administered, carries with it more power as a curative therapeutic measure in any chronic, sub-acute or localized infection than any drug or drugs. In my experience they are as valuable in producing active immunity as the serums in producing passive immunity.

#### DISCUSSION.

Dr. Crutcher (Pine Bluff)—This is one of the greatest subjects that we have before us. I confess that my experience with bacterins is very limited, hence I am not the proper man to discuss bacterin therapy. I have had some good results from bacterin therapy and I have had some very poor results, for reasons that Dr. Carmichael explained, one trouble being I don't have the time to do my own laboratory work, and we have no good laboratory in Pine Bluff. I hope to see the time when every town from 2,000 people and over will have its pathologist and its men who can do that work for us, as well as other blood work and a good deal of the technical work that we need.

This bears directly also on the remarks Dr. Amis made in commenting on Dr. Chesnutt's paper, on the necessity of a careful examination of everybody. Permit me to say one thing about all of this, and that is that the physicians themselves are not responsible altogether for the failure to make a diagnosis, for the failure to get results. The patients come at us in too big a hurry. They will not give us time. They meet us on the street corners and want us to prescribe for them there. It is impossible to do it. If you are in your office busy with a patient and somebody else rushes in, and he gives you the case, you are busy and they don't give us the proper chance either for diagnosis or treatment. I wish I could discuss Dr. Carmichael's paper to a greater advantage, but that is about all I believe I have to say on the subject.

Dr. Chesnutt (Hot Springs)—I was very much interested in hearing Dr. Carmichael's paper. I believe there is a great deal in bacterin therapy, particularly along certain lines.

The report of the army surgeons on typhoid vaccination in the army shows conclusively that in this particular field it is a success. In using bacterins, however, in urethral work there are several things that must be considered. Whether you use bacterins or not, the local treatment must always be persisted in. This point is of the utmost importance and cannot be emphasized too strongly. If the local treatment is not carried out the bacterin therapy will be of slight, if any, value.

In considering the question of making autogenous bacterins from cultures taken from the urethra, there is one point to which I wish to call the attention of the society in order to show the difficulties that may come to you. Not long ago I was reading an article in the *Zeitschrift für Urologie*, in which the physician had been making cultures from old cases of chronic urethritis and prostatitis. In no case did he find less than nine different micro-organisms. In some cases he found as many as twenty-nine, in a number of cases as many as fifteen. In any given case there may be many bacteria, and there may be one certain kind which is keeping up the urethritis more than any other. The difficulty, therefore, in preparing the bacterin is to select the organism which is keeping up the urethritis. If you should be able

to estimate that any certain form of bacteria is more numerous than any other, you may have great difficulty in isolating it, because as soon as you make the culture the organism which you desire to isolate may be a poor grower and the other organisms will outgrow it and you will therefore not be able to make the bacterin that would be most beneficial in that particular case.

Dr. Warren (Black Rock)—The paper is especially interesting to me, as it is a parallel subject to a paper that I have to read in the Section on Practice of Medicine. But in my dealing and in my experience with bacterin therapy it has been wholly from the stock bacterins, vaccines and so on. I noticed he commented on the autogenous bacterins, and seemed to bring out the idea that this is, if I got it correctly, the only dependable bacterin. If that be true, then we are not going to be able, as general practitioners and as country practitioners, to get the best results from this new panacea in the treatment of diseases. I would like for him to bring out that idea as to his experience with what he designates as stock bacterins. If that is not going to be just as good as the other, I think we are going to be denied the very best results in treatment.

I take somewhat of an interest in farming and stock raising. Recently I have been very much interested in the different immunizing methods on the hog and the cow with reference to the Texas fever and cholera. I had on my place a veterinarian, and a skilled one, to come and immunize a carload of hogs that were going to be shipped North to be fed for the market, and this immunizing product was a stock product, put up in bottles somewhat like some of these water bottles that we have on the market with rubber caps. He took a syringe fitted for the purpose and injected the hogs between the thighs, in only one however, and then gave a guarantee backed up by money, guaranteeing that hog from cholera infection—insured that carload of hogs. After that, if any hog died from hog cholera, the man who bought them got pay for it just the same as he would get pay from insuring his house. The same thing is going on, but not to that state of perfection, of immunity for the Texas tick or cattle tick. It is only going to be a short time, in my estimation, when these things are going to be perfected. Dr. Carmichael seems to think, or I got that impression from his paper, that the bacterin treatment at least is only good in sub-acute and chronic infections. I think, if that is true, we are going to have an analogous treatment for all specific acute infections.

Dr. Carmichael—In answering Dr. Warren's question about stress being laid on a particular autogenous bacterin, I didn't mean that. That reference was made particular thermal death point. The therapeutic value depends almost entirely upon that. Whether or not you get a reaction from this particular bacterin, I think depends almost entirely on the amount of heat that the bacterin has been subjected to. And while occasionally you do get a marked reaction in a stock vaccine, perhaps that vaccine or bacterin has been made from a strain of that particular organism that will stand the amount of heat to which it has been subjected.

Now, when Wright first proposed the feasibility of bacterin therapy, he suggested that all bacteria be heated to 60 degrees C. for an hour. Every one has learned since they have been making bacterins that this is evidently too much heat; and they are all now using less heat, and for that reason they are producing more active bacterins. Still it is true you find gonococci occasionally that will take that much heat to kill and still preserve its toxicity, so I would not lay so

much stress on the autogenous bacterins more than we do know we are absolutely dealing with the organism that is producing the infection.

And right here I will take care of Dr. Chestnut's point, and that is that the great number of organisms found in the urethral discharge or prostate or what not, are saprophytes that are not pathogenic. I haven't had any difficulty in those that are pathogenic, in plating them out. It is true the saprophytes and staphylococci will outgrow any other organism unless it be the ovoid bacillus or micro bacillus that resembles the pneumococcus a great deal, except it has not a capsule. I have found the colon bacillus, milked from the prostate, I think twice. But in all other instances, out of fifty-six cases treated, I have never found any organism that was pathogenic except the staphylococcus and this ovoid bacillus or micro bacillus and the colon bacillus, and the latter only twice. In the great majority of cases it was the staphylococcus.

I want to say here that in the treatment of these cases no other treatment was used except massaging the prostate gland. I believe that is as essential as the bacterin. In other words, I am convinced from what experience I have had—I may change my mind later on, but at the present time I am convinced—that the bacterin alone will not produce a cure. At least if it did, it would take a long time to do it; but with the staphylococic infection, for instance, in which we have leukocytosis attending it always—by producing a general leukocytosis with the bacterin and producing a local leukocytosis—by milking the prostate gland we certainly can do good, and in fifty-six cases treated, where every one of them have taken the test three or four times after I was convinced they were cured, none of them have recurred. While previous to the treatment they thought they were well and got out and drank beer, etc., and the discharge returned. Since the treatment none of them showed up with any complaint.

Now, another point that Dr. Warren mentioned was in reference to the autogenous vaccine as compared to the stock.

I don't think we all agree on the micro-organism causing the particular infection where we depend on the morphology from a methylene stain alone; that is, where we make our diagnosis of any bacteria, be it micrococci or bacillus or what not, I think we all are subject to a grave error where we make our diagnosis from morphology only. I don't believe we agree on what organism we are dealing with. It is true that evidently these men that make bacterins like Mulford and Parke, Davis & Co., evidently know a staphylococcus from some other organism resembling in morphology a staphylococcus. But whether or not the particular infection that we are treating is due to the organism of which this vaccine that we are using is the product, is questionable, I think. I don't believe that my idea as to the therapeutic value of bacterins is overdrawn at all. I tried to be conservative, and I don't think I am overestimating it a bit. I am satisfied.

## THE SURGICAL SIDE OF PEDIATRICS.\*

By E. E. BARLOW, M. D.,  
Dermott, Ark.

Medicine has an honorable and ancient history. Its growth during all the centuries has been constant; even through the dark ages there has been steady progress. This growth has been along many lines until the science at its periphery comes in contact with all science and its practice employs many means and influences mankind in various ways. Numerous writers from the ancients down have alluded to the behavior of the diseases of children. Many volumes have been written on the medical side, but comparatively little on the surgical side. Surgical pediatrics has been much slower in its development than medical pediatrics. The term "pediatrics" as usually given relates to the medical diseases of children; but are the peculiarities of infancy and childhood only seen in medical diseases? Malformations and defects, tumors and deformities (congenital or acquired) and other surgical diseases are just as important and require just as much special adaptability, fitness and training in the man who diagnoses and treats them as in the man who diagnoses and treats some of the unusual medical diseases.

Too often by the term "pediatrics" is meant the care and feeding of infants and but little else. The majority of our profession do not distinguish the difference between pediatrics and diseases of children. By "diseases of children" is meant the diagnosis and treatment of children when sick. Pediatrics pertains to the child in its entirety; it includes all that relates to its prenatal life, its uterine life and its separate existence. It relates to heredity, to development both mentally and physically, to its nutrition, to its mode and manner of life and to its education. The sci-

\*Read in the Section on Diseases of Children of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

ence of pediatrics is, therefore, as broad as life itself. In order that we may be fully understood, let us take up our subject systematically. First in order is the examination of our patient. As to the examination of an infant or child, the doctor should have a definite plan. It by no means follows that he can always take the steps in his examination in the order he had planned. He should be prepared to begin at either end or any place in the list or to vary his program instantly, according to the behavior of the patient.

The child should always be stripped for examination, and this should be in a comfortably warm room. Exposure to cold is not only unpleasant and possibly injurious, but moderate cold increases the muscular tonicity and quickens the reflexes so as to be deceptive. If possible, observe the child while at play. His instinctive attitudes and spontaneous movements, as well as his voluntary complaints, are more instinctive than those elicited by the examiner. Proceed slowly. Nothing is to be gained and everything may be lost by haste and abruptness in the examination of a child. Children vary greatly as to fear and as to endurance of pain under examination. It is wrong to prolong an examination painfully for the sake of eliciting the last iota of information unless the case turns on that last fact. It never pays to deceive a child by telling him that it is not going to hurt, when the next moment gives you the lie. One may thus succeed for the moment, but the child's confidence is lost, and was worth infinitely more. Better tell him it may hurt a little, but not more than he can stand, and you may be astonished at his fortitude. A general anesthetic should usually be given for thorough examination of painful or difficult cases, such as obscure joint injuries, severe burns, suspected intussusception, sounding the bladder and the like. Sometimes the anesthetic is necessary for muscular relaxation, as in searching for tumor in suspected intussusception or other abdominal tumors as differentiating between muscular spasm and true ankylosis of a joint.

The child's height, weight and degree of growth and development in proportion to age should be observed. Also the state of its nutrition, the appearance of pallor, puffiness or edema, skin eruptions, ulcers or discolorations. Observe the hair and scalp. Note the size of the head and its relative size. Observe

the chest; its size and its shape and respiratory movements. Look for the bulging or retraction of the intercostal spaces, for beaded ribs, spinal curvature or rickety deformity. Observe the special senses and speech; the teeth, tongue, throat and nares.

The lymphatic glands should be sought by palpation and, if palpable, the cause sought. The heart and lungs, the liver and spleen, the abdomen and its organs, the hernial regions, the bladder and genitals should each receive attention. The feces and urine may need inspection. Too little attention is usually paid by the physician to the general condition of the child; the stage of its development, the state of its nutrition and the condition of the other organs or systems than the one particularly affected; and even the affected member is too often looked upon as a mechanical problem. A systematic examination of the patient will not only enable one to "take stock" of the organism as a whole, but may lead him to the discovery of underlying conditions or of important complications which would otherwise be overlooked.

The aid of the clinical laboratory must often be sought, and the chemical, microscopical and bacteriological findings examined before one arrives at his diagnosis.

Next in order, after the diagnosis is made, is the preparation of the patient for the operation. Except in an urgent case we should see that the person to be operated upon is in good condition, with all the organs not involved in the disease or injury working sufficiently well. Many an operation performed in the most workmanlike manner has failed of the desired result because the patient was ill nourished, enemic, exhausted or otherwise out of commission.

We should always ascertain whether the child be a hemophiliac or be subject to convulsions. The former must be especially prepared for an operation if it must be done, and in the latter case extra precautions may be necessary in securing the dressings. The results of some operations, for instance, a harelip, may be frustrated entirely by a convulsion. In preparing a patient for operation not only the heart and lungs should be examined and the temperature taken, but the conditions of the kidneys, stomach, spleen, intestines and blood should be ascertained. The blood should be tested for hemoglobin in any case possibly anemic before any operation of election. If hemoglobin is low, gen-

eral anesthesia becomes more dangerous, collapse more probable, recuperation and repair after operation less likely to take place. General anesthesia lowers hemoglobin. Sixty-five per cent is a low normal limit in a child. This does not deny that operation may be successfully done, if necessary, with a hemoglobin percentage much lower than 65 per cent. But it leads one, being forewarned, to avoid unnecessary risk when severe operations can be postponed, or to take extra precautions against shock, hemorrhage and other untoward events in a case that must undergo operation. The child's elimination should be well established before the operation and a single laxative the day before is not sufficient to thoroughly empty the intestinal tract. A thorough clearing of the canal may require several days, with careful regulation of the diet. A stomach or intestine distended with gas is an evil in any case requiring general anesthesia or subjected to the shock of operation. The urine should always be examined and the doctor should not content himself with an examination for albumen only, but should use the microscope and should not fail to test for bile and sugar. In infants and children, prone as they are to frequent disturbances of the digestive organs, and in whom the integrity and highest efficiency of the nutritive functions are essential to successful surgery, great attention should be directed toward the state of the nutrition and to the food before any serious operation.

The use of anesthetics is often indicated and seldom contraindicated in children. The child's fear should be overcome with gentleness and reassuring words. A few drops of perfume in the inhaler may aid. Anesthetics are more often required for purposes of examination in children than in adults. In examining all cases of severe injury, especially about bones and joints, if there is any doubt as to the diagnosis it is well to anesthetize, examine and then, if necessary, reduce and dress under the anesthetic. At the first dressing of a severe burn in a child an anesthetic is a merciful aid.

Asepsis and antisepsis are fully as important in the surgery of children as in that of adults. The same antiseptic agents and precautions are employed and in much the same manner, but a few precautions and slight modifications of methods are necessary. Children are especially susceptible to poisoning by carbolic acid. In preparing the skin of

a child for operation, its delicacy should be borne in mind. A piece of gauze should take the place of the scrubbing brush and the soap should be washed off with sterile water before the use of ether, alcohol or bichloride, and these latter in turn should be followed by sterile water. It is easy to produce a dermatitis upon a child in preparing for operation. Hence the necessity for using every precaution.

It has been my experience, and I believe that it will accord with the experiences of most of you, that children bear starvation, hemorrhage, cold and pain very badly, and that they suffer severely from shock under injury and operation. Starvation and malnutrition is a condition clinical observations would lead one to consider particularly prone to the depressing influences producing shock, and while this is no doubt true of the adult, it is more emphatically true of the very young. The child whose nutrition is poor; who is losing weight, no matter whether this is due to a disordered digestion or to an obstruction somewhere in the digestive tract, will, if subjected to operation, suffer a more than ordinary degree of shock and be slow and difficult to rally.

Hemorrhage has long been known to be one of the powerful factors in the production of shock, and all pediatric surgeons agree that hemorrhage is one of the principal causes of shock and bad operative results in children. Exposure to cold is next to hemorrhage in its depressing effect on children. Whether this is due to their small size, the small volume of blood in circulation or to the thinness and vascularity of the skin or to an easily affected heat center, is difficult to determine. But the practical lesson is that the child on the table should be well protected by warm clothing, exposing only the field of operation. Heat should be considered as a cause of shock, both as in a case of burn and as in summer heat. As is well known, burns on the skin surface produce severe shocks, and this in proportion to the area of the skin burned and not to the depth of the burn. The shock evidently resulting from the nerve endings in the skin, summer heat has not been classed as a factor predisposing to shock, yet we know the depressing influence upon children and the frequency of the diseases of nutrition during the heated term. With these facts to guide us, we should choose a cooler season when circum-

stances will permit of operations of any magnitude.

Anesthesia must be considered a cause of shock to which children are very sensitive. Shock from trauma of operation bears a relation to the duration as well as of the violence of the traumatism. Every effort should be made to do thorough work, but with the greatest dispatch.

The diagnosis of shock is easy in a typical case, but may be difficult in others. If one will remember the principal phenomena of a marked case and be prepared to observe them, even though manifested in slight or varying degrees, he will appreciate the condition of his patient in time to be of great service to him.

After operation is completed, the patient should be placed in as comfortable position as possible in bed. Heat should be applied by placing hot water bottles under the covers, normal salt solution should be given drop method as a routine, and the patient should be constantly watched until consciousness is fully established. If pain is present, it should be controlled by an opiate. Children bear severe or prolonged pain very badly. The opiate should be repeated as often as necessary until the pain abates. The condition of the patient as to expression, attitude, color, the urine, stools, pulse and temperature should be carefully watched. Children demand food and can usually take food sooner after operation than adults. If food cannot be given by the stomach, rectal feeding should be promptly resorted to. An abundance of fresh air and sunlight should be provided. There is no class of patients who so

promptly fade and languish when deprived of fresh air and sunlight, and none will respond so quickly to their health-giving influence as the infant and child.

#### DISCUSSION.

Dr. Runyan (Little Rock)—Just one point I want to emphasize, and that is in regard to the prevention and treatment of shock. We all know that old people and young people stand shock very badly. Dr. H. C. Wood made an experiment or series of experiments some years ago, taking two dogs, severing the spinal cord of each and putting one in a cold room and the other in a warm room with a temperature of 100 degrees and noted results. In the case in which the dog was placed in the warm room, he lived almost indefinitely; but where he was placed in the cool room, or with temperature very much below the normal, the dog progressively died, and died in a very short time. That teaches us that one of the great causes of shock is cold. Shock is vaso-motor depression more than anything else, and cold induces this vaso-motor depression. Therefore, the logical deduction is that when we operate upon children or old people, or anyone else, as far as that is concerned, but especially in operations on young persons or old persons who stand shock very badly, we should be especially careful to have a warm room in which to operate. Otherwise there will be very much greater danger of shock. The doctor brought out this point, but I just want to emphasize it and to commend him for his very able paper.

Dr. Carmichael (Little Rock)—Speaking of rendering the point of operation aseptic, there is just one point I want to refer to, and that is making a lumbar puncture in children. I believe from experience, first having tried washing with soap and water and bichloride, etc., I was convinced that just painting the area with official tincture of iodine is one of the safest and best ways of rendering that particular point in an aseptic manner before entering with the needle.

In regard to the anesthetic, during a lumbar puncture, where it is necessary to administer an anesthetic, one or two whiffs of chloroform is all that is necessary, and I have never found it to cause the least trouble whatever. But it only requires a few whiffs, and a great many cases do not require any at all; but, where it is necessary, just a few inhalations are sufficient.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### DEFECTIVE SCHOOL CHILDREN.

It is only of recent years that educators, prompted by scientific medical investigators, have awakened to the necessity of special instruction for the large proportion of defectives in public schools. It is self-evident that text books and courses of study have been formulated on the theory that every person is born free and equal—a high-sounding maxim more political than truthful. Free born they may be, but certainly not equal from any viewpoint, material, mental, moral or physical. Yet for many centuries the prevailing idea has been to adhere to system. System has been too much a fetich. The backward child was to blame, not the system. The remedy was sometimes the rod, a plan best fitted to make the child more backward. A child unable to cope with his fellows remained unpromoted or was perhaps expelled as a hopeless dunce and allowed to grow to maturity robbed of an education. In those

days the idea never occurred to anyone that the stupidity was with the teacher rather than the child. Equally stupid were the parents, for the whipping at school for inability to learn was frequently supplemented by a second one at home.

It is astonishing that it has taken educators and the world at large so many centuries to discover a condition measurably due to the great fact of nature's infinite variety. When it is considered that in the length, breadth, shape, proportion, tint, etc., not even two blades of grass are alike; that in all animate nature no individual of any species is the precise counterpart of another, how utterly unreasonable it is to expect the same mentality to exist in all, or to regard the human mind or brain as so much virgin soil in which the same seed should bring forth fruit in equal abundance.

In the memory of men still living the corrective cane or switch was as stable an institution in the school room as the arithmetic, the grammar and the reader. The Biblical maxim, "Spare the rod and spoil the child," was faithfully observed. The rod was in action with daily regularity—oftener perhaps to gratify the vindictiveness, the cruelty or salve the impatience and irritability of the teacher than for the supposed benefit of the victim. But the world grew in mercy and by degrees came the abolishment of the cat-o'-nine tails and the whipping post for men and the cane for the boys. As to the latter, the abolishment of corporal punishment was due to the growth of mercy almost entirely, with the belief also that better results could be obtained by kindness or detention or other form of punishment. Not yet was it understood that in a large proportion of cases wherein punishment seemed necessary the victim was not a culprit, but an unfortunate defective that needed treatment, not punishment. In this more enlightened day the medical scientist, the alienist, the psychologist, the criminologist and the sociologist have demonstrated the fact that the mentalities from the near-idiot to the prodigy vary even as the stature of man does from the pigmy to the giant. There are a hundred causes at work, among which are heredity, physical and mental defects not known to the victims or their parents, disease, malnutrition and many other factors, single or in combination. No two children can be said

to be exactly equal in the possibilities of mental development or amenable to precisely the same treatment under all circumstances. Certainly a fair average can be maintained under the same course of study and treatment. In those who fail under the general system a cause may be found if we but look for it carefully.

The proportion of defectives among the children of the public schools is surprisingly large, especially in the great cities, where dissipation, luxury, poverty, vice and crime, unsanitary dwellings, ill-ventilated, badly lighted living rooms are all factors in producing defectives. Ignorance of parents, indifference and a happy-go-lucky carelessness are among other factors, both in relation to prevention and applying the remedy. In the last few years, however, there has come a fuller understanding of defectiveness. The educator has called in the medical scientist and specialist, and, working harmoniously together, the unfortunate child, defective through no fault of its own, is beginning to get the attention and care which offers it an opportunity in the world, if not an equal chance with the fortunate possessor of a sound mind in a sound body.

In substantial buildings, in its curriculum, in advanced methods of teaching, in the ability and character of instructors, Little Rock has kept pace with other and larger cities in educational matters. In the comparatively recent physical examinations, accompanied with reports to parents, a great step forward has been made, but Little Rock is still behind in the care of its defectives—or rather we should say the lack of care of them. This condition, however, is in a fair way of being remedied if the able and exhaustive report of Dr. Anderson Watkins to the School Board is given the heed it so well deserves, and his recommendations carried into effect. Dr. Watkins' report of the medical department of the public schools for the last year is accompanied with a supplementary report of his coadjutor, Dr. Ida Joe Brooks, also containing many valuable suggestions.

Dr. Watkins made a careful study of the medical department of schools in Chicago, Cleveland, Philadelphia, Vineland, N. J., and New York City. In the last named he spent more time than elsewhere because it afforded more and better opportunities of gaining knowledge. He found defectives of every

type and from all causes. Some were defective in sight alone, a defect often unknown by parents. The child being unable to concentrate his mind on his studies, has frequent headaches, and his bad reports are attributed to dullness, inattention, indifference, laziness—any cause but the right one—when properly adjusted eyeglasses would correct the trouble. He found those defective in hearing, in speech. He found the victims of adenoids and bad teeth. He found mental and moral defectives, ranging from the near-idiot to the near-normal, and noted the methods taken to segregate the various types and place them in different rooms and to give individual instruction where that course was indicated. He found those who were unable to retain in their memory the multiplication table who were yet amenable to instruction in industrial arts and the things useful in life.

Applying the results of his investigations to Little Rock, Dr. Watkins says that while the proportion of defectives to school population is smaller in this city than others, they are here; and he tells of thirty well marked cases found in a canvass made by himself and associates, and still more of the "border line," or slightly defective cases.

"Shall we," he asks, "allow them to drag along with the average classes, doing no good to themselves and harm to the remaining pupils?" He shows the duty owing to the unfortunate defective, and not only the duty, but the economic value of giving it as much of the right sort of education and training as it can assimilate and equip, as well as may be, for the battle of life.

To this end he recommends the establishment of at least one ungraded class in the public school.

The establishment of a child-study laboratory for the diagnosis of defectives.

The employment of a trained nurse in the schools.

An arrangement between the medical school clinics and the schools, whereby those children whose parents are unable to pay for treatment may procure the same without cost.

In the able paper by J. G. Parsons, M. D., read at the recent meeting of the South Dakota State Medical Association, he calls attention to the fact that mere notification of parents results in treatment being given in one case out of ten; whereas, when a notice is followed by a visit from a nurse who can

impress the parents with the importance of the matter and gain some insight into the home surroundings, treatment is secured in nine out of ten cases. Hence we may easily recognize the value of Dr. Watkins' recommendation that a nurse be employed.

As to the qualifications of a teacher for an ungraded class of subnormals, Dr. Watkins' words are worth repeating:

"She must be of infinite adroitness, tact and patience, and willing to study the psychology of each child. All things being equal, training in an institution is of course of great help to the teacher; but above all she must be born with the qualifications I have intimated. Your teacher must study every child. She must learn its physical peculiarities or defects—and these are numerous—its sensory failures, determine its motor capacity or incapacity, and from her observation of these and mental manifestations, such as memory, association, affections, classify the various defects and form an opinion as to the child's capacity for development."

Dr. Watkins' report is alike luminous and comprehensive. It covers the ground thoroughly, intelligently, discriminately, and, if the School Board can find the funds, we hope to see inaugurated without delay the work he recommends.

#### MEDICAL DEPARTMENT OF THE UNIVERSITY OF ARKANSAS.

We have before us the catalogue of the Medical Department of the University of Arkansas, session 1911-12, containing the thirty-fourth annual statement and the announcements for the coming session.

The next session of the Medical Department will begin Monday, September 16, 1912, and continue till Saturday, May 9, 1913, covering thirty-two weeks of actual instruction. The school is co-educational, women being admitted on equal terms with men. Mention is made of the merging in 1911 of the College of Physicians and Surgeons with the University of Arkansas Medical Department, the act authorizing it and making the combined schools an integral part of the university, pledging the faith and credit of the State to "forever maintain and operate a first-class medical college as a part of the University of Arkansas." Control is vested in the Dean and the Executive Committee

of the faculty, subject, however, to the general control of the Board of Trustees of the University and its Medical Committee.

#### GENERAL INFORMATION.

Under this head announcement is made of the securing of the east wing of the old State Capitol—a place of ideal surroundings, convenience and with abundance of light. New apparatus, equipment and supplies have been added.

The Board of Trustees, intent on elevating the standards of the school, has arranged to provide at least six full-paid teachers in the anatomical, pathological and chemical laboratories, which will be in charge of instructors who will devote their entire time to teaching. Money has been appropriated for the purchase of books and magazines for the library and a donation of 500 books is announced. Arrangements have been made for additional hospital facilities and a more thorough utilization of the clinical material, which promises more thorough and efficient instruction than ever before.

#### HOSPITAL AND CLINICAL FACILITIES.

Space is devoted to a review of the splendid facilities afforded students by the hospitals. Among these are the Logan H. Roots Memorial or City Hospital, directly connected with the clinical amphitheater of the Medical College; the Pulaski County Hospital, presided over by a member of the college faculty; the University Hospital, at which students may receive instruction. At all of these hospitals special rooms are provided for those afflicted with acute nervous and mental diseases, inebriety and drug addictions, and have also obstetrical wards. The Isaac Folsom Clinic is directly and exclusively under the control of the faculty of the Medical College. St. Vincent's Infirmary is designed solely for the treatment of acute diseases and St. Luke's Hospital for surgical and gynecological cases.

#### REQUIREMENTS FOR MATRICULATION.

The preliminary educational requirements are equal to that obtained by graduation from a four years' course in an accredited high school. Matriculates should bring with them their certificates showing in detail their high school work. Blank forms will be sent on application, and when returned will be

passed on by the State Superintendent of Public Instruction or his authorized agent. Those not fully meeting the requirements will be examined by him. An entrance certificate is issued to all who fill the requirements. The importance of this is impressed on matriculates because, since the beginning of the session 1911-12 a graduate from any medical school not having an entrance certificate in addition to his medical diploma, is refused examination by the Arkansas Medical Board and so barred from practice in Arkansas.

The examinations of prospective matriculates will be conducted according to the rules governing admission to the University of Arkansas. The grading of papers will be done by the authority who prepares the questions or by a committee appointed by him. A general average of 70 per cent is required. The papers will be forwarded to the Secretary of the State Medical Board, who will issue entrance certificates to successful applicants.

#### HOSPITAL APPOINTMENTS.

Positions as internes through competitive examination are open every year to graduates, as follows:

Logan H. Roots Memorial Hospital, two resident physicians to serve twelve months each.

University Hospital, Dr. E. Meek and staff appoint two resident physicians.

St. Vincent's Infirmary, two internes.

Pulaski County Hospital, four internes appointed by Dr. J. P. Sheppard.

State Hospital for Nervous Diseases, ten internes.

The catalogue contains thirty-two pages, illustrated, and gives practically all the information concerning not only the college and its facilities, rules, course of instruction, etc., but such general data as the stranger would find useful. Copies of it will be sent on application to F. S. Overton, Registrar.

### Editorial Clippings.

#### INDIVIDUAL TOWELS.

Professor Poncet has reported to the Paris Academy of Medicine the possibility of the transmission of tuberculosis by perspiration. In a careful examination of the perspiration of consumptive patients he claims he has found 42 per cent containing tuberculosis bacilli. Claiming that if a tubercle bacillus

can leave by the skin, it may enter in the same manner, he has recommended vigorous skin hygiene. While his results have not yet been corroborated, they are worthy of attention during this hot season of the year when profuse perspiration is so normal. The entire subject of public bathing and common towels is brought forcibly to the front. The sterilization of the water in bathing pools and the abolition of the roller towel in public hotels, barrooms and toilets requires consideration.

Of far more importance is the study of the bacteriologist of the Massachusetts State Board of Health, who has recently investigated the bacteria content of roller towels taken from a number of toilet rooms. Twelve towels were studied with a view to ascertaining the presence of any bacteria presumably of fecal origin. Particular attention was given to organisms of the colon type. The bacillus coli communis was isolated from three of the towels, while four others gave marked evidence of fecal contamination. Considering the possibility of infection of towels by typhoid carriers and the consequent infection of the subsequent user of the towel, the possibility of the spread of tuberculosis through this medium must be borne in mind in the event of Professor Poncet's investigation proving to be correct. The decrease of ophthalmic diseases in institutions became most marked through the establishment of individual towels. It is important that with the abolition of the common drinking cup the common roller towel should give way to a more rational and hygienic institution.—Medical Review of Reviews.

### Personals.

Dr. C. R. Shinault has returned from Colorado.

Dr. Howard P. Collings of Hot Springs has returned from Europe.

Dr. J. M. Williams of Malvern visited Little Rock last month.

Dr. E. B. Swindler has moved from Havana to Dardanelle.

Dr. W. C. Kimbro has moved from Tyro to Monticello.

Dr. J. L. Greene, superintendent of the State Hospital for Nervous Diseases, has returned from the West.

Dr. A. G. McGill of Little Rock, who has been quite ill at St. Luke's Hospital, is convalescing.

Dr. and Mrs. J. Vincent Falisi of Little Rock are in New York City. Dr. Falisi is taking a special course in gastro-enterology.

Dr. R. L. Manley, who recently located in Cabin Creek (Lamar P. O.), was in Little Rock last month.

Dr. Hal Neal of Fort Smith spent a day in Little Rock last month.

Dr. J. C. Hughes of Walnut Ridge, who has been quite ill at the University Hospital, Little Rock, has returned home greatly improved in health.

Dr. Sam C. Ball of New Boston, Texas, has been appointed by the State Medical Association of Texas as a fraternal delegate to the Arkansas Medical Society, which convenes in Little Rock, May, 1913.

Dr. Robert Caldwell of Little Rock and Dr. Herbert Moulton of Fort Smith have returned from Niagara Falls, Ontario, where they attended the seventeenth annual meeting of the American Academy of Ophthalmology and Oto-Laryngology.

The Medical Association of the Southwest will meet in Hot Springs, October 8-10. The program for this meeting is said to be the best one ever presented and a great time is expected and assured.

## Announcements.

### PRELIMINARY PROGRAM

Of the Coming Meeting of the Medical Association of the Southwest, to Be Held at Hot Springs, Ark., October 8-10, 1912.

Oration on Medicine. Subject, "Some Experimental Studies in the Treatment of Typhoid Fever, with a Low Calorie Food Value"—Dr. M. L. Graves, Galveston, Tex.

Oration on Surgery (subject to be announced)—Dr. J. F. Binnie, Kansas City, Mo.

"Some Special Observations on the Mastoid Operation"—(By invitation), Dr. Frank Allport, Chicago, Ill.

"The Necessity of Gastric and Stool Analysis in Digestive Disorders"—Dr. E. D. Holland, Hot Springs, Ark.

"Does Anchoring the Kidney Relieve the Nephrosis?"—Dr. Joe Becton, Greenville, Tex.

(Subject to be announced)—Dr. E. P. Bledsoe, Little Rock, Ark.

"The Proper Lubricant, and How to Use It in Urethral Instrumentation"—Dr. Thomas M. Paul, St. Joseph, Mo.

Stereopticon Lecture, Illustrating Genito-Urinary Surgery, Methods of Cystoscopy, Pathological Conditions of Prostate, etc."—Dr. Bransford Lewis, St. Louis, Mo.

"Uncomplicated Fractures of the Tarsal Scaphoid"—Dr. Alexander E. Horwitz, St. Louis, Mo.

"The Treatment of Infections"—Dr. E. H. Troy, McAlester, Okla.

"Needless Traumatism in Rectal Surgery"—Dr. W. H. Stauffer, St. Louis, Mo.

"Personal Observations Upon the Use of the Caloric Methods of Infant Feeding"—Dr. Frank C. Neff, Kansas City, Mo.

"Diagnosis of Gastric and Duodenal Ulcer"—Dr. F. W. Froehling, Kansas City, Mo.

"Lesions of the Mid-Drain, with Special Reference to the Weber, Benedict and Nothnagel Syndromes," with Report of Case—Dr. G. Wilse Robinson, Kansas City, Mo.

"Cerebro-Spinal Fluid; Diagnostics" (will illustrate with slides specially prepared)—Dr. A. L. Skoog, Kansas City, Mo.

"Really Medical and Surgical Traumatic Neurasthenia"—Dr. A. K. West, Oklahoma City, Okla.

"Pellagra"—Dr. K. H. Beall, Fort Worth, Tex. (Subject to be announced)—Dr. J. W. Duke, Guthrie, Okla.

(Subject to be announced)—Dr. S. Grover Burnett, Kansas City, Mo.

(Some pharmaceutical subject)—Dr. E. C. Eberle, Dallas, Tex.

"Meningitis"—Dr. John S. Turner, Dallas, Tex. (Subject to be announced)—Dr. Philip B. Matz, Leavenworth, Kan.

(Subject to be announced)—Dr. H. O. Leonard, Kansas City, Mo.

"Surgery of Obstetrics"—Dr. T. J. Ernest, Topeka, Kan.

"Extra-uterine Pregnancy"—Dr. M. C. Porter, Topeka, Kan.

"Medico-Legal Aspect of Fractures"—Dr. J. C. McClintock, Topeka, Kan.

"Some Observations of Diabetes"—Dr. L. S. Milne, Topeka, Kan.

"Diagnosis"—Dr. M. K. Lindsay, Topeka, Kan.

"La Grippe; Some of Its Most Important Manifestations and Complications"—Dr. Clarence E. Lee, Oklahoma City, Okla.

"The Value of Tuberculin in Diagnosis"—Dr. L. J. Moorman, Oklahoma City, Okla.

(Subject to be announced)—Dr. R. L. Sutton, Kansas City, Mo.

(Subject to be announced)—Dr. P. T. Bohan, Kansas City, Mo.

(Subject to be announced)—Dr. C. C. Conover, Kansas City, Mo.

### Section on Eye, Ear, Nose and Throat.

Chairman's Address—Dr. H. Moulton, Fort Smith, Ark.

"Report of Cases of Malignant Tumor Treated by the Starvation Method"—Dr. E. H. Carey, Dallas, Tex.

"The Usefulness of the New Schiotz Tonometer, with Demonstrations"—Dr. W. H. Luedde, St. Louis, Mo.

"Sympathetic Ophthalmia, with Special Reference to the Influence of Foreign Bodies Retained Within the Globe"—Dr. John C. McReynolds, Dallas, Tex.

"Syphilis of the Nose and Throat"—Dr. Robert Caldwell, Little Rock, Ark.

"The Surgical Tonsil"—Dr. J. H. Barnes, Enid, Okla.

"Luxation of the Lens Following Traumatism"—Dr. R. S. Magee, Topeka, Kan.

"Topographical Anatomy of the Bony Labyrinth"—Dr. T. O. Edgar, St. Louis, Mo.

(Title to be announced)—Dr. L. Haynes Buxton, Oklahoma City, Okla.

(Title to be announced)—Dr. M. F. Jarrett, Fort Scott, Kan.

"Conservatism in Surgery of the Turbinates, Tonsils and Adenoids"—Dr. W. M. Moore, Paris, Tex.

"Auto-Intoxication in Relation to the Eye"—Dr. H. L. Hilgartner, Austin, Tex.

"Bronchoscopy-Eosinophagocopy; Further Report of Cases"—Dr. R. H. T. Mann, Texarkana, Ark.

(Subject to be announced)—Dr. Joseph Lichtenberg, Kansas City, Mo.

"Submucous Operation for the Correction of Deviated Nasal Septi"—Dr. Theodore A. Coffelt, Springfield, Mo.

(Subject to be announced)—Dr. C. S. Pettus, El Dorado, Ark.

### RAILROAD RATES

For seventh annual meeting of the Medical Association of the Southwest, Hot Springs, Ark., October 8-10, 1912: Rate of one and one-third fare for round trip. To secure this rate ask your ticket agent for annual tourist ticket to Hot Springs and return.

### EXAMINATION FOR TRAINED NURSE.

The United States Civil Service Commission announces that the examinations for trained nurse in the Isthmian Canal and the Indian services will be held on October 16, 1912, as scheduled, but that the announcement of the examination for this position in the Philippine service is canceled because of advice from the Bureau of Insular Affairs that future vacancies in this position in the Philippine service will likely be filled by Filipino women.

Issued August 14, 1912.

### Book Reviews.

**A Text-Book of Practical Therapeutics.**—With especial reference to the application of remedial measures to disease and their employment upon a rational basis. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Fourteenth edition, thoroughly revised. Octavo, 984 pages, with 131 engravings, and eight full-page colored plates. Cloth, \$4.00 net. Lea & Febiger, Philadelphia and New York, 1912.

This admirable text-book is not only for the undergraduate student, but also an almost indispensable part of the library of every physician. Such a wide field of usefulness has resulted in a demand which quickly exhausted the successive editions and thereby brought frequent opportunities for revision, of which the distinguished author has taken full advantage. He has recognized, "partic-

ularly in writing this, the fourteenth edition, that the physician at the bedside needs and desires all the help he can get, whether it comes from laboratory experiment or bedside experience, and, furthermore, wants this help in a form in which he can use it when face to face with problems which are of vital importance to him and to his patients. He not only wants to know what drugs can do good and how, but he wants also to know how to use them."

As in previous editions, Part I deals with introductory matter; Part II, with the action of drugs; Part III, with remedial measures other than drugs, and Part IV, with the treatment of individual diseases, whereby the employment of the remedies discussed in the earlier part of the book is directly applied, as at the bedside. These parts are linked together by copious cross-reference in the text.

**Sexual Impotence.**—By Victor G. Vecki, M. D., Consulting Genito-Urinary Surgeon to the Mount Zion Hospital, San Francisco. Fourth edition, enlarged; 12mo of 390 pages. Philadelphia and London, W. B. Saunders Co., 1912. Cloth, \$2.25 net.

Recent advances by urologists are covered by this edition and the chapters on anatomy and physiology have been revised and enlarged in order to form a proper foundation for the modification of our opinions on sexual neurasthenia, the influence of many diseases upon the sexual power, etc.

The treatment is full and complete, covering all the late approved methods, and is commensurate with its importance as regards the health and happiness of mankind.

**An Essay on Hasheesh, including Observations and Experiments.**—By Victor Robinson, Contributing Editor, Medical Review of Reviews; Pharmaceutical Chemist, Columbia University; Member of the American Chemical Society. Author of "Pathfinders in Medicine."

In this little volume the author gives the historical, chemical, botanical, physiological, psychological, therapeutic and pharmacological viewpoints of Cannabis Indica.

He says: "It is the most peculiar drug in the whole materia medica. As a producer of visions, opium cannot compare with it."

He has taken the drug himself and given it to those of his friends who were willing to taste the fabled joys of paradise, and the result is one of the most delightful monographs that has been issued from the medical press. Published by the Medical Review of Reviews, New York City. Price, 50 cents.

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### Original Articles.

#### PATHOLOGY OF THE DIFFERENT LESIONS OF SYPHILIS.\*

By L. R. ELLIS, M. D.,  
Hot Springs.

The pathology of syphilis may be best considered under the headings which harmonize with the clinical manifestations of its lesions.

#### PERIOD OF PRIMARY INCUBATION.

We are not concerned here to discuss the different means by which an infection takes place. After inoculation with the spirocheta pallida there are no symptoms until generally the end of the third week when the primary lesion, the so-called chancre, makes its appearance. The chancre generally appears near the raphe or on the corona and at times within the urethra or on the skin of the penis. It may also begin on any part of the body where the infection with

the spirocheta pallida has taken place; for the chancre always appears at the seat of inoculation.

It appears first as a superficial papule, which gradually increases in size, both in circumference and depth, for a number of days. In a short time it ruptures, leaving a superficial erosion surrounded by a reddish border. The ulcer gradually becomes indurated and hard so that when pinched between the finger and thumb it feels as if a piece of parchment were inserted in the base. The induration, ulceration and inflammatory reaction is at times superficial or deep and may be extensive or so trifling that the lesion is frequently overlooked. The chancre is infective but indolent and non-auto-inoculable. The chancre generally attains its maximum size in a week or so, remaining stationary and indolent for three or four weeks, then slowly disappears, recovery being complete in four to six weeks. The induration may persist, however, for years. The chancre results from the local development of the spirocheta pallida at the point of inoculation. With the appearance of the chancre begins the second period of the disease.

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\*Read in the Section on Dermatology and Syphilology of the Arkansas Medical Society, at the thirty-sixth annual session, held at Hot Springs, May, 1912.

#### PERIOD OF PRIMARY SYMPTOMS

With the formation of the chancre the infection becomes systemic, and contemporaneous with the full development of the chancre is the lymphatic invasion, resulting in metastatic enlargement of the neighboring lymphatic glands. The enlarged lymphatics are hard, free from inflammatory symptoms (unless secondary infections due to other bacteria are present) and painless upon pressure and as a rule movable beneath the skin. The lymphatic glands become involved one by one, first in the immediate neighborhood of the chancre and later more and more remote glands of the body become enlarged but remain firm, freely movable and insensitive. We desire to emphasize here again that wherever the chancre makes its appearance from there also the lymphatic invasion begins, so if the chancre is genital the enlargement of the inguinal glands begins first. If about the head, that is the mouth, throat, etc., the cervical lymphatics—if on the fingers, the epitrochlear and axillary lymphatics. As the lymphatic invasion becomes more and more generalized, the next period of the disease makes its appearance.

#### PERIOD OF SECONDARY SYMPTOMS.

With the invasion of the lymphatic system by the *spirocheta pallida*, the secondary symptoms of the disease make their appearance. They consist of fever, malaise, articular pains, cutaneous eruptions and mucous patches, alopecia, loss of nails, etc., symptoms present in all systemic bacterial invasions. The temperature during the pyrexia varies between 100 and 101 as a rule, but in exceptional cases may rise considerably higher, and the articular pains may be mild and severe and simulate those of articular rheumatism.

The principal characteristic of the syphilitic exanthema is their extreme polymorphism, so that the lesions may simulate almost any of the ordinary skin eruptions, such as roseola, lichen, eczema, psoriasis, impetigo, pemphigus, herpes, etc. By far the most common of the skin lesions during the secondary symptoms is the so-called syphilitic roseola or maculo papular syphilide. This appears generally upon the trunk, but may extend to the arms and other parts of the body; the face may be exempt. The patches are reddish brown in

color, somewhat elevated above the surface. They vary in size from a lentil to that of a bean and tend to be symmetrically distributed. Microscopically the superficial vessels are dilated and exhibit both endothelial as well as perithelial proliferation. There is more or less extravasation or leukocytes around the blood vessels and glands of the skin, together with some oedema. The spirocheta have been isolated from these lesions. The papular syphilide presents various forms; it begins with the formation of reddish patches the size of a pinhead or larger, within which flattened or acuminate papules develop. When the papules are small the eruption resembles that of lichen ruber and it is at times called lichen syphilitica. In other cases vesicles or pustules engraft themselves upon the papule (called the herpes syphilitica or impetigo syphilitica), which dry up into scales or crusts. This variety is less common than the acne form of eruption. If the lesions involve the soles of the feet or the palms of the hands, the papules become flattened and as involution of the pathologic process takes place there is an abundant production of scales, called psoriasis plantaris and palmaris syphiliticus. On those parts of the body where the skin is contiguous to the mucous membranes and where moisture and warmth complicate the conditions the papules are transformed by conditions they create into condylomata or mucous patches which are flat elevations, grayish or reddish, glazed, moist and slimy, covered with a thin pseudo membrane and at times secreting an offensive discharge. The pathologic changes in the papular syphilid are most evident microscopically in the papillary layers, but may at times extend into the corium; spirocheta have also been isolated from the condylomata. Since they occur chiefly upon the glans penis, prepuce and anus of man and upon the labiae of woman, and also about the lips, under the tongue and in other parts of the mouth, they represent the most contagious of all the lesions of syphilis.

The loss of the hair is incomplete and very irregular, involving the head, eyebrows, mustache, beard, pubic and axillary regions, so that they present a moth-eaten appearance; at times it is associated with the loss of nails. At times we have present a tubercular syphilid as a late secondary manifestation. This lesion is slower in its develop-

ment and more inveterate than the papule; it may be diffused or circumscribed; there may be more or less absorption in the center of the nodule, or again, necrosis of the center may lead to the formation of an ulcer. In the transition period from the secondary to the tertiary stage of the disease the lesions may become covered with extensive crusts, presenting a characteristic concentric appearance something like an oyster shell (the syphilitic rupia), the lesion terminates with more or less destruction of tissue, producing scars.

The period of secondary symptoms is from one to three years in duration and is followed by the

#### INTERMEDIATE PERIOD.

The patient may recover with the disappearance of the secondary symptoms without any further manifestation of the disease. If, however, the spirocheta localization in the deeper seated organs and tissues of the body has not been overcome by the specific treatment and resistance of the patient, the tertiary period of the disease makes its appearance.

#### THE TERTIARY PERIOD OF SYPHILIS.

This period is of unknown duration and its lesions are extremely destructive, the most characteristic being the gumma. The gumma has a tendency to destroy the deeper seated tissues and organs; they are always ulcerative and necrotic, producing extensive loss of substance and great subsequent cicatrization. They are extremely irregular regarding their time of appearance and distribution. Twenty and thirty years have been known to intervene between the appearance of the chancre and the manifestation of the gumma. Association with the gumma or at times independent of it we find other manifestations of the disease less clearly marked, such as osteoperiostitis, rarifying peri-ostitis, osteo-myelitis, myositis with subsequent contractures, lesions of the nervous system, such as sclerosis of the posterior columns of the cord, etc. Throughout the course of the disease the blood vessels are apt to show changes whenever near a lesion of the disease and syphilis is an important cause of arterio-sclerosis with its resultant aneurism, apoplexy, thrombosis, etc. most frequent seat of occurrence of a gumma are the face (nose and nasal septum), scalp, iris, shoulders, neck, arms, thighs and

legs. They may occur, however, in any part of the body and also including internal organs. The appearance of a superficial gumma is similar to a furuncle, only it extends more deeply into the tissues and is less inflammatory and painful in character. It increases in size until from one to two centimeters large, then softens slowly and extends to the surface and evacuates. Gummata have four distinct pathologic periods: Formation, softening, ulceration, cicatrization.

The formation period is the longest. The softened material discharges through a small rounded opening curdy flakes of necrotic and gummy tissues, bearing no resemblance to pus. After evacuation cicatrization begins, resulting in the formation of a deep-drawn scar having a radiating appearance. Gummata situated in the internal organs, as in the liver, cannot heal by evacuation, but do so by absorption. Softening and absorption take place at the same time as does also the contraction of the connective tissue until a large lesion is transformed into a knot of fibrous tissue. The amount of connective tissue formed in the healing process is considerable and produces by its contraction marked deformity of the organs. If the process of absorption is incomplete we have, as in other specific granulomata, more or less calcification in the necrotic remnants. Besides the typical lesions of the disease we have frequently present a typical manifestation of the disease; the organs of the syphilitics are frequently indurated from hyperplasia of the fibrous connective tissue. This is probably a manifestation of the syphilitic virus, although we find identical changes in alcoholics. Cellular infiltrations beneath the skin and subcutaneous tissues as well as of the mucosa and submucosa, especially those of the larynx, are common. They frequently lead to ulcerations and indurations. The cause of the frequent disintegration and necrosis occurring in those cellular infiltrations lies in the peculiar character of the exciting cause of the disease. The second factor may also be largely responsible for this manner of termination, namely the extensive participation of the blood vessels, particularly the arteries in the disease.

When a syphilitic inflammation leads to the formation of granulation tissue or to

a connective tissue hyperplasia the vessel walls also become thickened, producing the endarteritis or inflammation of the intima.

We have other skin eruptions besides those described. We will not describe the others, because they can only with difficulty be differentiated from the non-syphilitic lesions, unless considering the history of the disease, or having a positive Wassermann reaction as a guide.

#### HEREDITARY SYPHILIS.

The primary lesion and consequently the primary stage of the disease is lacking. We have stated at the outset that the primary lesion of the disease (chancre) appears only at the seat of inoculation with the spirocheta; in hereditary syphilis, however, the virus reaches the fetus through the placenta and enters the fetal circulation, producing consequently at once the secondary symptoms of the disease. Association with the secondary manifestations of the disease, we find other conditions different from those of acquired syphilis, partly as the result of the different environment of the fetus and partly as the result of the disturbance of nutrition. Exactly how the disease will interfere will depend upon the time when infection of the fetus occurs, together and also upon the activity of the disease in the mother. If either parent suffer from active or malignant secondary syphilis at the time of procreation the disease in the fetus is generally so active as to produce its death and lead to abortion and miscarriage.

If the activity of the disease is more mild, the fetus dies later and is generally born dead and macerated. If the virus is less virulent, the children may be born alive with evidences of the disease; they generally die shortly, or, if they are born without evidence of its presence, they develop the symptoms later, therefore the newly born child of syphilitic parents shows no signs of syphilis from one to three weeks. The child is small, withered, weakened, with senile or simian features. It has a hoarse cry and suffers from catarrh of the nasal membranes, causing the characteristic "sniffles." Cutaneous eruptions are frequent and may cause maculo, papular or pustular syphilides, leading to ulceration. The liver, kidneys, adrenals and bones may show circumscribed necrotic foci or inflammatory cellular infiltrations. The spleen is always

more or less enlarged and in the liver we always find more or less round cell infiltration, hyperplasia of the connective tissues and periportal formations of the connective tissues.

The lungs may present throughout or in part a dense gray or grayish white structure resembling that of sarcomatous tissue. In the kidneys and testicles the supporting connective tissues are likewise increased in places and abnormally rich in cells. Syphilis also often causes in glandular organs a pathologic development. In the blood the number of white cells appear often to be increased. Finally, there not infrequently occur in the bones disturbances of endo-chondral ossification, which are characterized chiefly by the irregularity in the formation of the medullary cavity and in the deposit of lime salts in the cartilage, and lead to disturbances in the structure of the subchondral spongy bone substance. Through the formation of granulation tissue proliferations which undergo necrosis, larger defects may arise in the bone substance.

In the child as the result of the disease all physiologic processes are disturbed and the structures are pathologically modified.

The teeth at first dentition are irregular, opaque, chalky, deficient in enamel, with soft, friable dentition, inequality in size and proneness to decay. The permanent teeth are characterized by the fang of each tooth being short, thick and deeply notched at the edge.

With the growth of the child the cellular infiltrations mentioned above occur.

#### SUMMARY.

Acquired syphilis or lues is a specific, infectious, contagious, acquired or hereditary disease, due to infection with the spirocheta pallida and presenting in the acquired stage three distinct stages, each exhibiting a lesion characteristic of it and occurring in no other infection.

The hunterian chancre in the primary state.

The mucous patch or condyloma latum in the secondary stage.

The gumma in the tertiary stage.

In the inherited form the chancre is lacking, and besides presenting lesions of the other stages, we have the effects of nutritional disturbances, showing numerous defects of development.

## DISCUSSION.

Dr. J. L. Greene (Little Rock)—I wish to commend the excellent paper that has presented in such a thorough way the pathological lesions of syphilis, covering, as it does, practically all of the manifestations of this ailment. It occurred to me, however, that one very important lesion, an endarteritis of the cerebral arteries that develops as a result of secondary or tertiary syphilis, was overlooked. Being engaged, as I have been for a long time, in seeing people suffering from nervous ailments, it has come to me more frequently, perhaps, than it would to the general practitioner that many young men under forty or forty-five develop this lesion in one of the hemispheres of the brain with its ever present tendency to obliterate the lumen of the artery involved, with consequent starvation of a brain area and a resultant paralysis.

A word concerning the treatment of this complication, while perhaps outside a proper discussion of the pathology of the ailment, appears to me to be not out of place. I know of no thing wherein a physician can do more to contribute to the future comfort, if not to the longevity of his patient, than to meet in a proper way a case of beginning obliterating cerebral endarteritis, and to meet it in a way that indicates that he intends to do all that the circumstances of the case will warrant. I have had come into my office or into my presence men whom I knew to be syphilitic, with the prodromal symptom of a beginning monoplegia or hemiplegia, with the numbness in arm or leg, or both, with the headache, with the beginning clouding of consciousness, with the alteration in speech; all indicating a slowly developing intracranial lesion. I know that the tendency in the treatment of such cases is to put them to bed with cold applications to the head, administer bromide, and wait for something to happen. I give a dose of strychnin on the spot, and a dose as large as my conscience will allow me to administer. It is given on the theory that it will aid the blood stream to continue to force its way through an artery that is about to be obliterated, which, if it be obliterated, will bring about a condition of physical and mental impairment that will destroy the further usefulness of the patient. This mode of stimulation, with any other that may suggest itself, is entirely admissible. In the olden days it was hoped to keep the blood stream going

through the affected artery until the patient could be mercurialized; in this day we would, of course, immediately administer a dose of salvarsan and follow it at once and constantly with all the mercury that the patient may be able to stand. The thing most eagerly sought is to keep the blood stream moving through the affected artery until the anti-syphilitic remedy may have time to act.

Dr. Martin (Hot Springs)—I cannot add anything to Dr. Ellis' excellent paper. He has covered the ground of the pathology thoroughly, but, as we often start to discuss a paper and then discuss the discussion, I wish to take exception to the last speaker's desiring to mercurialize a patient when there is a chance to cure him in a better way. The best we can say of mercury is that it acts as a spirillicide or germicide of the spirochete, and the best we can say of salvarsan is that it does the same thing in a much better and quicker manner. Understand we are not doctoring the patient, but merely poisoning the germs, and if you have two drugs, one of which will poison the germ a little better than the other, why use both?

I have had a good many cases much like the doctor has described, and it is my custom to give a dose of salvarsan once a week until all evidences of syphilitic reaction fail to appear. I do not see any indication at all for mercury in these cases. If the man has all of his germ guests killed, he does not need any mercury. If he has not all the germs killed, he needs more salvarsan. Salvarsan is a perfectly harmless drug to syphilitics, which can be administered without danger and can be given once a week without any trouble, and I can see no real excuse for giving a man mercury at all. Why not give an intravenous dose of salvarsan once a week until your patient is cured?

Dr. Ellis (Essayist)—I don't know that I have anything to say in reply. I would like to thank the doctor for calling attention to endarteritis. It is a condition I overlooked in the paper. While we come in contact with it a great deal here in this place, I should probably have gone into it more fully in this paper, but I did not do it. However, I want to thank the doctor for calling attention to it. As long as Dr. Martin's remarks are not on the discussion of the paper, I will not try to discuss the discussion.

# THE DIAGNOSTIC VALUE OF THE REACTION FOLLOWING THE INTRAVENOUS INJECTION OF SALVARSAN, WITH A FEW REMARKS UPON THE THERAPEUTIC VALUE OF THE DRUG.\*

By ABNER H. COOK, M. D.,  
Hot Springs, Ark.

(Formerly Instructor in Anatomy in Tulane University of Louisiana, New Orleans.)

The theory that the reaction following an intravenous injection of salvarsan is produced by an endotoxin, eliminated by dead *trypomastix* pallida, and the deduction that the greater the syphilitic infection the more severe the reaction, is accepted by some of the profession to the extent that it is being used by them as a test for syphilis, and a gauge by which to govern the extent and amount of treatment.

If the above were true the deductions that—

(1) No reaction; no syphilis; no treatment,

(2) Mild reaction; mild infection; but little treatment,

(3) Severe reaction; severe infection; severe treatment,

(4) When no reaction occurs after the second, or subsequent doses, the patient may be pronounced cured and all treatment discontinued—

would not only be justifiable, but accurate and safe.

The clinical evidence in my series of cases at first seemed to support these facts and, while never administering a dose of salvarsan for diagnostic purposes, or to any cases other than those distinctly syphilitic, I allowed the severity of the reaction to influence the length and amount of treatment. The following case is typical of those upon which this opinion is based:

Case 1.—August 3, 1911. Bellefontaine, Ohio. White; male; American; age 35; postman; married; three unhealthy children.

Venereal History.—Sore upon penis in 1902, followed in a few weeks by secondaries, lasting about six weeks. No fur-

ther symptoms until March, 1911, when right testis swelled and in a short time began to discharge. In April, 1911, sores appeared upon bridge of nose and roof of mouth.

Previous Treatment.—Internal medication for about two months while secondaries were manifest.

Examination.—Syphilitic ulcer over both nasal bones, nasal septum almost entirely gone and vomer involved; hard palate, perforated; necrotic gumma of right testis, discharging upon posterior surface of scrotal sac. Slight general glandular enlargement. Pupillary reaction sluggish, patellar reflex normal.

Treatment and Progress.—Mercurial inunctions and potassium iodide instituted. Improvement very slow and salvarsan advised. August 18—Intravenous injection of salvarsan administered 8:30 a. m.; 10:20 chill, followed by vomiting; severe backache and pains in bones, temperature reached 102.6 at 12:30 and was normal at 7 p. m. August 20—Mercurial inunctions and potassium iodide resumed; lesions begun to heal fast. September 10—All lesions healed except testicular gumma. Salvarsan administered at 8 a. m.; temperature rose to 100 at 12 m.; normal at 3:30 p. m.; no other signs of reaction. September 14—Mercurial inunctions and potassium iodide again instituted. September 30—All lesions healed; patient felt perfectly well. Salvarsan intravenously administered; no reaction. October 3—Patient left Hot Springs for his home, with instructions as to future treatment, seemingly perfectly well.

The severe reaction after the administration of the first dose of salvarsan and the clinical manifestations of a severe infection, with a slight reaction after the second dose, when lesions were healing fast, and no reaction when last dose was administered, with all lesions healed, seemed to me, at that time, to be proof sufficient, especially when accompanied by several like cases, that the reaction after an intravenous injection of salvarsan as a test for syphilis was accurate and the reaction safely attributed to the elimination of endotoxines by dead *trypomastix*.

That a severe reaction is sometimes obtained in a mild infection and no reaction in severe infections, however, destroys my be-

\*Read in the Section on Dermatology and Syphilology of the Arkansas Medical Society, at the thirty-sixth annual session, held at Hot Springs, May, 1912.

lief in these assertions and, I believe, will influence the opinion of others.

Case 2.—September 14, 1911. Hot Springs, Ark. White; male; American; age 26; electrician; widower; one child.

Venereal History.—Gonorrhea several years ago. Second case appeared September 12, 1911. On September 26, while I was treating his gonorrhea, the patient called my attention to a red papule upon the dorsum of his penis immediately behind the corona. September 28—Papule presented an ulcerated apex and slight induration. September 30—Smear made and triponema found.

Treatment and Progress.—October 5—Intravenous injection of salvarsan administered at 8:45 a. m.; chill at 11:05 a. m., followed by vomiting, headache, pains in bones. Temperature reached 102.6 at 1 p. m., normal at 6 p. m. October 7—Mercurial medication instituted and is being continued at present date.

The mildness of this case is shown by the fact that it was not old enough to develop secondaries and the ease with which they were prevented. There was no doubt as to the presence of the trionema pallida, yet the reaction was very severe.

Another type of mild cases presenting a severe reaction after the intravenous injection of salvarsan is represented by the following case:

Case 3.—October 2, 1911. Temple, Tex. White; male; American; age 37; insurance agent; married; no children.

Venereal History.—Chancre July, 1910. Secondaries a few weeks later, at which time I saw him in my father's office.

Past Treatment.—August, 1910, until the following October, daily inunctions of mercury. October, 1910, until present, intermittent protoiodide and bichloride medication.

Examination.—No evidence of syphilis.

Treatment.—Salvarsan administered intravenously October 6, 8 a. m.; chill 9:35 a. m., followed by violent purgation, vomiting; headache; backache; temperature reaching 103.6 at 2 p. m., normal at 8 p. m. October 7—Severe headache, pains in bones and still confined to bed. October 8—Very weak; fever blisters present. Is now on mercurial medication.

The mildness of this case is evidenced by the mild secondaries and the ease with which all symptoms were controlled. He has been in perfect physical condition since his secondaries disappeared, yet a violent reaction occurred.

The class of cases that first caused my disbelief in the theories stated were those presenting a malignant type of syphilis and no reaction obtained after an intravenous injection of salvarsan. The following, by no means an isolated case, is an example:

Case 4.—January 21, 1912. Lake Mills, Wis. White; male; German; age 39; barber; married; three children.

Venereal History.—Sore upon penis 1892. No secondaries. Ulcers appeared upon forehead and nose in March, 1911; throat became sore and headaches developed. Symptoms became constantly worse.

Previous Treatment.—Sore upon penis treated locally, and internal medication for about two months while sore was present.

Examination.—Four typical syphilitic ulcers upon forehead, one upon the bridge of nose. Posterior nares, pharynx and larynx presented severe catarrhal inflammation. Hard palate, perforated. Round pigmented spot, one and three-quarter inches in diameter, over third rib in mid-clavicular line.

Treatment and Progress.—January 22—Mercurial inunctions and potassium iodide instituted. Improvement slow. January 30—Intravenous injection of salvarsan administered; no reaction. February 3—Mercurial inunctions and potassium iodide reinstated. Patient improved rapidly. February 19—Intravenous injection of salvarsan; no reaction. February 24—Mercurial inunctions and potassium iodide continued. March 20—Intravenous injection of salvarsan administered; no reaction. The patient is now free from all symptoms, but still on mercurial treatment.

This was the most malignant case of syphilis, to have been so long latent, that I have ever seen, yet no reaction occurred after any one of the three doses of salvarsan administered. At first, in view of the obscure history, I began to fear that I had erred in my diagnosis, but the prompt response to specific medication proved that I had not.

Cases presenting, after an intravenous injection of salvarsan, phenomena the converse

of those presented in cases represented by Case 1, cited above, are conclusive that the theories stated are incorrect, and therefore has no diagnostic value. The following is an example:

Case 5.—January 17, 1912. Meridian, Miss. White; male; American; age 24; railroad clerk; single.

Venereal History.—Three sores upon the penis November, 1909; secondaries soon followed. In January, 1910, ulcers appeared in various places, which would heal, only to reappear at different localities. At no time has he been free from ulcers since they first appeared.

Previous Treatment.—Protoiodide pills when secondaries first appeared until May, 1910. Injections of salicylate of mercury for several months. Made trip to Hot Springs August, 1910, and remained until September 25 following, during which time mercurial inunctions were daily administered. October, 1910, until January, 1911, protoiodide pills and potassium iodide. February, 1911, an intravenous injection of salvarsan was administered by Prof. Rudolph Matas of New Orleans; no reaction followed. This was followed by several months of protoiodide pills and potassium iodide. During November and December, 1911, several doses of sodium cacodylate were given, after which all medicine was discontinued.

Examination.—Serpiginous ulcer under ali nasi, general glandular enlargement, several pigmented scars over surface of body.

Treatment and Progress.—Mercurial inunctions and potassium iodide instituted. Improvement slow. January 28—Intravenous injection of salvarsan administered; no reaction. January 30—Mercurial inunctions and potassium iodide again instituted; improvement rapid. February 15—All lesions healed; intravenous injection of salvarsan administered at 8:30 a. m.; chill at 10:30; vomited; severe backache; temperature 101.4 at 2 p. m., normal at 8 p. m. February 18—Mercury and potash continued. March 2—Patient left for his home, all symptoms having disappeared.

(This patient was a college graduate, the son of a physician, and took the keenest interest in the treatment of his case; there-

fore I was able to get almost a perfect history of his previous treatment.)

That this was a very malignant case is thoroughly demonstrated by the resistance of lesions to proper treatment. When the disease was most active no reaction was obtained after either intravenous injection of salvarsan, one being given by Prof. Matas in New Orleans, the other by myself here; but a severe reaction followed the third dose, when all lesions were healed and the patient apparently well. Surely there was less infection when the last dose was given than at the time of the first and second.

In the absence of figures of my own, relating to the reaction following an intravenous injection of salvarsan, I have the honor to present some from a personal letter, written to me by Dr. Joseph Hume of New Orleans. They are as follows:

"I looked up for you my last forty-four salvarsan cases, all intravenous and, with one or two exceptions, the full dose. The cases were all syphilitic and early ones, all within the first month or two, except one or two; the majority within the first month.

"Of the forty-four there were:

"Twenty-seven normal (no fever, vomiting, chill or bowel disturbances).

"Seven temperature 99, but under 100. Slight nausea.

"Three temperature 102.

"Seven temperature 100, but under 102.

"Three cases had chills; two cases chilliness; thirty-nine cases with no suggestion of chill or chilliness. The three chill cases were:

"One over one year.

"One chancre one week old.

"One third month with skin eruption.

"Such figures show at once how absolutely unreliable and unscientific it is to base any conclusions upon the presence or absence of chill, bowel movement, vomiting, etc. I may add that all these cases were in the same hospital and the same technique used.

"I have had a very extensive intravenous experience, including salt solution, soda solution, silver nitrate, bichloride, formalin and salvarsan; and I have never been able to foretell whether a chill was going to follow or not. I have never been able to find any common factor (except the solution) as a causation agent. I have seen it occur with and without anesthesia, in the dying and not in the

dying, in the ill and the well, and at this late day can only say that if you give enough intravenous injections—even isotonic solutions—you will get a certain percentage of chills. Therefore, to me, the reaction following 606 is indicative of nothing.”

Such figures from such an accurate and competent observer can not be other than convincing.

With such variations in reactions after an intravenous injection of salvarsan, the only conclusions possible are: That as a test for the presence of syphilis or as a gauge upon which to base treatment, it is absolutely valueless and eminently unscientific; and the fact that only a very small percentage of my cases now present a reaction causes me to look for another explanation of this phenomena other than dead triponema eliminating an endotoxin.

As to the cause of the reaction I am firmly convinced that it is caused by the contamination of the distilled water used in the solution, which to me is proven by the following experience: When I first began the use of salvarsan intravenously a still was inaccessible and the water had to be brought some distance, consequently it was obtained the day previous (some times several days) to the administration of the dose. While I was using this water a reaction invariably followed each dose.

Later a still was installed in the same building in which I administer salvarsan. I then began to sterilize my containers, catch the water as it came from the still, immediately before using. Into this dissolving the requisite amount of salt and sterilize the solution by boiling, fearing contamination from the salt. Then the solution was mixed and administered.

The entire time consumed, from the time the water starts flowing from the still until it is in the vein, requires but from forty-five minutes to one hour. When I adopted this procedure I ceased, except in a very small percentage of cases, to have reactions.

Therefore I attribute the reaction to contaminated distilled water or improperly sterilized salt solution.

These conclusions are substantiated by the recent work of Hort and Penfold, Swift and Ellis, and the publications of Wechselmann, and most recently of Ehrlich himself.

#### THE THERAPEUTIC VALUE OF SALVARSAN.

The therapeutic value of this drug can only be established after years of use. That it is not a one, two or three-dose cure is clearly proven by the large percentage of recurrences after its administration. This is especially true when the natural tendency of syphilis to spontaneous cure, and the short length of time that this drug has been used, is considered.

A case coming under my care last September stated, in her history, that she had contracted syphilis in the summer of 1910 and received a slight mercurial treatment at the time. In the winter following ulcers appeared upon the legs. In January, 1911, she received an intramuscular injection of salvarsan; another in February, and an intravenous injection in April. After this last dose all lesions disappeared, but only to reappear the August following. When I examined her first she presented numerous rupoid syphilitic lesions, which promptly healed under the influence of mercury.

Another case, which is now consulting me at the clinic held at the Government Free Bath House, had salvarsan administered intramuscularly three months ago and is now presenting typical secondary lesions.

However, it is far from me to disclaim many of the valuable effects of this drug. In my hands it has proven a valuable adjunct to mercury in the treatment of the disease. To relieve symptoms it is ideal, to prevent secondaries a great aid; but as a cure for the disease, its use alone amounts, in my opinion, to criminal negligence.

My experience has taught me the following indications:

(1) After an accurate diagnosis of the initial lesion, to prevent secondaries.

(2) To quickly heal the early lesions, thus preventing the spread of the disease.

(3) To relieve the malignant cases of offensive, painful or serious lesions as gummata, necroses, ulcers, etc.

(4) In the few cases which mercury will not influence.

But after its use, from any indication, push mercury.

The main contraindications, thus far established, in my own mind, are:

(1) Faulty elimination in any of the emunctory organs.

(2) Symptoms of myocarditis or cardiac hypertrophy; in the plethoric and those with sclerosed arteries, especially when the blood pressure is very high.

(3) Any degenerative lesion of the nervous system, especially of the optic, and acoustic branch of the auditory nerves.

The exact status of the drug will be proven in the clinics after years, or even generations, of use. This class of patients will not follow a thorough mercurial treatment, therefore they may be given a dose of salvarsan and let go. They will return, or go to some other clinic, giving a history of their previous dose, just as soon as the symptoms are again manifest. Years of this kind of experience will accurately establish the position in therapeutics of this drug, and until then we have no right to subject our private cases to experimentation and deny them the known method of cure.

#### DISCUSSION.

E. R. Dibrell (Little Rock)—I do not think the paper just read admits of discussion. It contains the correct doctrine.

I believe from what I have observed in the journals that it is a pretty well established fact that the reactions are due to contamination of the water used rather than any effect of the remedy.

I believe we are having an attack of hysteria over the use of salvarsan. I do not deny its beneficial effects in many cases, but for anybody to contend that salvarsan is solely necessary in the treatment of syphilis, it seems to me he has not thoroughly digested nor has he conformed to the opinions that obtain among the authorities.

To abandon a drug that has been used for so many centuries and one that we concede to be a specific, I cannot see but what it is sort of neglecting an old friend.

Dr. J. L. Greene (Little Rock)—I am a stranger in this community, and I came her with the firm determination to say nothing whatever until I came to read my paper, which is a part of the program tomorrow. When the chairman invited me to talk upon the pathology of lesions of syphilis, I must confess that in my enthusiasm I went beyond the pathology and said a word about treatment. This, of course, I should not have done, and I regret that it widened the discussion beyond the scope of the paper; yet I feel that a further word in justification is allowable.

I believe that those who have kept closest in touch with the use of salvarsan since its advent—I mean with the literature and those who have paid most frequent visits to Frankfurt—know that it is now universally conceded that salvarsan is a selective poison for the spirochete, that when intravenously administered it will in all human probability reach each and every spirochete that is within the range of the venous or arterial stream; but those who know the pathology of the tertiary lesions of syphilis, know also that a gumma may have millions of spirocheta that are wholly inaccessible to any curative agent that depends upon finding their abode while it circulates in the blood stream. We, therefore, give mercury in any way in which mercury may be given, preferably by inunction, in the hope that it will be absorbed and circulate as an albuminoid of mercury that can and will search out and find the hidden spirocheta that is not reached by the intravenous administration of salvarsan. This is the true doctrine, as it is accepted today by those who have kept in the forefront of this information.

Dr. Conover (Kansas City)—I rise to say just a word or two about a statement made twice, I think, in the last half hour. I am sure it wasn't made intentionally, but through oversight. It was made twice by the doctor who just sat down; first, with reference to the treatment of syphilis, and secondly, concerning the pathology and the treatment of the pathology. I think he is right about the fact that 606 will in all probability kill the spirocheta that are free, but the gummatous proliferations in and about the arterial system will never give up their spirocheta unless iodide of potassium is given with mercury. Mercury has absolutely nothing to do with the absorption of gummatous process anywhere. If you give mercury and KI together, you can do something with syphilis.

In the Massachusetts General Hospital every case known to be syphilitic and which is given a dose of 606 and it is invariably followed by the old prescribed treatment of mercury and KI, because you cannot get to the spirocheta that are in the gummata through the use of 606.

Take the worst case of syphilis there is, which is a long protracted parasymphilitic condition; when it gets three-fourths along you put him to bed and give him free iodide and

he will get rid of all the parasymphilis. Salvarsan does not do that man any good. It will not do the system any good. It will not do chronic syphilis that involves the nervous system any good like KI. Neither will mercury if the lesions are established. In every case of syphilis where there is gummata, mercury will not get rid of the spirocheta. You have to do something that will stimulate absorption of the gumma, and KI is the only thing that will do it.

Dr. Williams (Hot Springs)—I don't know of anything to speak on as to the pathological conditions, but I will speak clinically regarding the doctor's statement and speak from experience, and why, I will leave that for the pathologists. But I do know that in those old cases of syphilis that the combined use of iodide and mercury is the most efficient, quickest and the best treatment to get results.

Dr. F. W. Jelks (Hot Springs).—The paper has been so thoroughly discussed that I can add very little, but I would like to call attention to one point, and that is the importance of using every means in our power of arriving at a diagnosis. Two months ago a patient came to see me with a history of syphilis of seven years' standing. He had taken the regular treatment of mercury and iodides for three years and had been pronounced cured. Three months later orchitis developed, which was slow in development, painless and with no evidence of breaking down. This was pronounced tubercular and excised. Within a short time inflammation began in the left knee joint. Heat swelling and some redness, slow in development, pain much worse at night, very boggy on palpation and considerable crepitus. This was also diagnosed tubercular and amputation advised. Patient refused and the knee was incased in a plaster of Paris cast. Remained in cast several months. Pain growing worse, he had the cast removed and came to Hot Springs. Wassermann test made and the reaction was positive, salvarsan given and the pain relieved within forty-eight hours. Knee joint reduced in circumference two and one-half inches within two weeks and was apparently as well as ever, except for some contraction of the tendons. He was again put upon mercury and iodides ten days after injection of 606 and one month later a second dose of salvarsan given. Gained fourteen pounds in weight. I believe the orchitis was also spe-

cific and the operation was inexcusable. Had due regard been paid to the history and a Wassermann made the patient would have been saved from the inexcusable operation and the surgeon from the gross error.

Dr. Mobbs (Hot Springs).—I want to recall a case that came here and had three administrations of 606. One was intravenously and two intramuscularly; one between the shoulder and the other in the buttocks. This party gained on his first administration thirty-eight pounds. He had no lesions on him at the time, but he knew that he had a specific trouble. He had been coming to Hot Springs previously about three or four years, and I waited on him as a druggist, which profession I was then following. He knew me personally and he came to me after he found out that I was a physician and consulted me. He had just come out of the hospital seven days following his last intramuscular injection of 606, and he was the most pitiable sight you ever looked at. He had lost over forty pounds following the last two administrations, and thirty-eight pounds he had gained after the first administration. And he had lesions from the top of his head to the bottom of his feet. He came to the office in a carriage, and he could hardly get out of the carriage. Now, that man was treated following the intramuscular administration of 606 with nothing but KI and mercury, to my knowledge, by Dr. O. K. Hooper, and that man recovered his real health and every lesion on his body healed up perfectly, and he went away weighing forty-two pounds more than he did when he came here. That was the result of KI and mercury after three administrations of 606.

Dr. Martin (Hot Springs).—The value of reaction following the administration of salvarsan intravenously depends of course upon your technique being absolutely perfect. If you used old distilled water your reaction is of no value. If you have used freshly distilled water and carried out the operation in an aseptic manner the reaction must necessarily indicate a release of endotoxines. If there is any toxine or poison in your mixture which will give your patient a fever, that fever will begin within twenty or thirty minutes after the dose is given. Any reaction beginning one, two or three hours after the dose is given must necessarily be due to a poison formed in the system and not to one injected with the solution.

I have watched the after effects of about seven hundred doses given intravenously, and am sure that close observation will prove to anyone that there is a relationship between the severity of the disease and the amount of endotoxines liberated. Many of the cases cited in Dr. Cook's paper were old, tertiary cases. In these practically all of the specific organisms in the patient's system were actually located in the lesions on the surface. You would not expect much reaction from a case of that kind, as in a tertiary case there are no spirocheta in the circulating blood and the number killed in a single lesion may not be enough to give more than a bowel movement or two. But even that alone constitutes a reaction.

I do not claim now that this reaction is necessarily diagnostic after the first dose. Many cases may have nearly all of the spirocheta encysted or localized in the bone marrow or in the spinal cord or in some other part of the body where the circulation of the blood is not free. Those spirocheta will not be killed by the first dose, therefore no endotoxines will be liberated and the reaction will be lacking. However, enough blood serum with salvarsan in solution will ooze through these colonies to break them up and cause the spirocheta to enter the circulating blood. This is proven by the fact that a second dose will sometimes cause a surprisingly strong reaction.

The result is different in early secondaries, especially where the system is full of spirocheta. I recently gave a young physician, with a chancre still on his finger and with a macular eruption on his body, .7 gm. salvarsan, which is the amount his weight called for, and his fever went to 103.2 and his reaction was exceptionally severe in every other way. His second dose a week later caused his fever to go over 102 and was more moderate as to nausea and bowel movements. After the third dose, seven days later, he had no reaction whatever. Now this is the exact type of successively reducing reactions, of hundreds of which I have records. It is true that I have seen other cases covered with a secondary rash fail to have any reaction whatever, and it is also true that I am unable to explain such failures, though there must be a reason, but such cases are very rare compared with those having consistent reactions.

One reason that the reaction is not noticed by everyone is the fact that in very few places are the patients given enough salvarsan for their weight. It is the custom of most physicians to give a .6 gm. dose as a maximum one, regardless of the patient's weight, and to cut down even this dose when given intravenously. The absurd instructions which come with a dose of salvarsan recommend from .4 gm. to .5 gm. for men and from .3 gm. to .4 gm. for women, regardless of the fact that a 200-pound woman ought to get a larger dose than a 100-pound man. As a matter of course these small doses will be therapeutically less efficient than large ones and will also cause fewer positive reactions. I give .1 gm. for every twenty pounds of body weight, allowing seven or eight pounds for clothing. If a man weighs around 130 pounds, he gets .6 gm.; if he weighs 100 pounds net, he gets .5 gm.; if he weighs 160 pounds, after deducting for clothing, he gets .8 gm.; if the man weighs 250 pounds, I give him two ordinary doses, or 1.2 gm. at each dose. By proportioning the doses in this way each patient gets off the table with his circulating blood an actual solution of salvarsan, about one to ten thousand in strength.

Many speakers have expressed the belief that salvarsan will not actually cure syphilis. I am perfectly willing to admit that it will not if given in the way they give it. But salvarsan is capable of killing the spirocheta and to cure a case of syphilis we must simply kill all of the spirocheta. Any man with an ordinary active case of syphilis might take a dose of salvarsan every three months all the rest of his life and might not be cured, because there might be a certain percentage of germs left after each dose which would multiply and reproduce. But if the same man is given doses repeated within the duration of the period of incubation there can be no doubt that all of the spirocheta will soon be destroyed.

As far as mercury is concerned, I have nothing to say against this good old friend except that its time is past in the treatment of syphilis. I can appreciate the reason for giving iodides in a few cases. You wish to break up encysted colonies and throw the germs out where you can shoot at them. You wish to flush them from the gumma. But why use an old single-barrel gun when a new automatic is working? As long as your pa-

tient has a single spirochete left in his system he needs salvarsan, and mercury cannot help the salvarsan. When he has not a single spirochete left he does not need mercury. Therefore I can see no use for mercury in the treatment of syphilis.

It is my rule to give every patient at least two doses of salvarsan, seven to ten days apart, giving as much as his weight calls for. If he has no reaction after the second dose, I consider him cured. If he has a reaction after the second dose, I give him a third dose a week later. Should he have a reaction after the third dose, I give a fourth dose in still another week. I gave one patient five doses in four weeks, he having violent reactions after the second and third doses, very slight after the fourth and none at all after the first or fifth. This patient had spinal syphilis and paraplegia and, in my opinion, would never have recovered under the old treatment.

I find that about seventy per cent of the cases can be cured in two doses, when the proper amount is given, and not more than ten days apart. About twenty-eight per cent require three doses, while about two per cent require four. I have followed this system now for over a year, giving a sufficiency of salvarsan to several hundred patients and not one of them so treated has had a return of syphilitic symptoms. On the contrary, there have been only a score or more cases who rebelled at getting enough or left after the first dose or some dose which gave a reaction, and half a dozen of these have already been back showing a return of the symptoms.

At first I thought much of the diagnostic value of the reaction after the first dose. However, since I have seen so many of these old cases evidently syphilitic, but with the spirocheta hidden away where they could not be reached by the circulating blood, I have not placed great value on the negative indication of the absence of the first reaction, but its presence is still diagnostic, positively. If the reaction is absent after the first dose, I give a second dose anyhow, and then if there is no reaction, I feel satisfied that the case is free from syphilis.

Dr. Chesnutt (Hot Springs)—I listened with much interest to the discussion of salvarsan, particularly to what the last speaker had to say with reference to the necessity of repeated doses. I wish to bring before the Society a few statistics, taken out of the *Annales des Maladies Veneviennes* for the

month of March, 1912. The figures to be given have to do with the effect on the Wassermann reaction following numerous and repeated doses of salvarsan. Of course, in the diagnosis of syphilis, and with reference to its cure, the Wassermann reaction, as we all know, is of the utmost importance, and the presence of it is an indication for further treatment.

The report I wish to bring before you is one made jointly by Bayet, Dujardin and Desneaux before the French Society of Dermatology and Syphilis. In this report there are a number of tables showing the effect of salvarsan and mercury on the Wassermann reaction. As the method of intramuscular injection of salvarsan has been justly discarded, I will omit any reference to it, considering merely 606 administered intravenously.

Table V shows ten cases of primary chancres, in which repeated doses of salvarsan were given. The dosage was .4 to .6 gm. of salvarsan, given at intervals of five to seven days, and repeated four to six or seven times. Even in primary cases, the Wassermann remained positive in four out of ten patients, despite the enormous repeated doses.

Table VI, illustrative of secondary syphilis, in its various forms shows a more marked persistence of the Wassermann. Doses of salvarsan, .4, .5 and .6 gm., were given at intervals of five to ten days, the total dosage varying from 1.8 gm. to 3 gm., and averaging 2 gm. to each patient. The period during which this was administered varied from thirty-seven to 125 days. In the ten cases in which the above doses were given the Wassermann remained positive in eight cases, became negative in one and was indefinite in another. These tables show a marked persistence of the Wassermann where salvarsan is given intravenously. Other and numerous observers have given more glowing reports than the above. Some of course, in criticism, may think that the technique used in making the Wassermann was faulty, but the men mentioned are men of recognized worth.

I must add in justice to the men making this report, that they think salvarsan superior to mercury, and report better results on the Wassermann with 606 than with mercury. A slight analysis of their work will show how this happens. In a series of cases cited, fifteen injections of the salicylate of mercury were given, in doses of one to one and one-half grains, and at weekly intervals.

These injections were followed by three months of rest, at the end of or during which time Wassermanns were made. A series of ten such treatments were given, and it was only after the fourth course that the Wassermann began to be negative. It is easy to understand that the rest period was too long, because the treatment was not intensive enough. One month's rest would have been sufficient, or better still, the same dosage might have been given at ten-day intervals or even twice monthly with happier results, and with no cessation of the treatment.

Dr. Hebert (Hot Springs)—I have listened to the discussion with a good deal of interest. I had not intended entering the discussion. My views on the subject as regards the reaction following the administration of salvarsan with regard to its diagnostic value I shall not mention, because my experience in the use of salvarsan has been very limited, and I would only have to quote what opinions I received from others. I should hesitate very much to neglect the use of mercury and iodide of potash. I am not prepared to do that at present. We must admit that the use of salvarsan has added considerably to our knowledge of the treatment of the disease; but should not supersede the use of mercury and potash. My inclination is to agree very well with those authors who advise us to use salvarsan in selected cases for a certain purpose, to be followed by persistent use of mercury.

My opinion is that the profession to a large extent are somewhat overenthusiastic about salvarsan. Its use would fully justify that statement.

Dr. Martin—I don't see anybody around here enthusiastic about it.

Dr. Hebert (Hot Springs)—When we stop to consider the nature of the disease, all of us can think of cases which, after the use of mercury, haven't had any return of symptoms for years and years, and then have them come to us with undoubted syphilitic manifestations, and I should be very slow to advise a patient, after having given them repeated injections of salvarsan weekly or any other time, and send them away as cured, because having left us for a good many years excellent results followed from the intense use of mercury. And that is a thing which many of us overlook, the intense use of mercury will produce practically the same results as far as the subsidence of the symptoms of syphilis are concerned, and still certainly we

would not tell a man he is cured, even after the prolonged use of mercury by inunction or injection, because we have had enough experience to know that even in twenty, thirty or forty years that man may return with undoubted symptoms of syphilis, and I think for that reason alone it would be a rather uncertain thing to tell a man he is cured of syphilis because he has taken repeated injections of salvarsan extending over a period of a few weeks, notwithstanding the fact that he may be free from symptoms of syphilis and notwithstanding the fact that the Wassermann may be negative.

I think the reports received show that the Wassermann reaction is negative almost as promptly after the intense use of mercury as it is from the use of salvarsan.

Dr. Abner H. Cook (Essayist)—I consider the lesions of the nervous system, especially those of a degenerative type, a contraindication for salvarsan. I have seen four deaths resulting from an intravenous injection of the drug, and each case presented a lesion of the nervous system.

In locomotor ataxia salvarsan is useless—it will not regenerate degenerated nervous tissue. There is an inflammatory condition of the cord, due to syphilis, the symptoms of which are due to pressure by inflammatory products choking the pathways and closely simulating the symptoms of locomotor ataxia. This condition cannot be relieved by salvarsan or any antisyphilitic treatment.

The routine use of salvarsan, either in conjunction with or to the exclusion of mercury, I am opposed, and never use it without special indications, as stated. To clear up lesions I use salvarsan, to effect a permanent cure mercury and potassium iodide are the agents to be relied upon.

Dr. Martin—I shall not try to bring up the discussion after it is closed, but I would like to challenge one statement he made about the four deaths from salvarsan. I never heard of but one of them; but I think if he will say that over again, he will say there were four deaths following salvarsan either from an excessive amount of toxins liberated or from exceedingly dirty water used, and not from the salvarsan.

Dr. Cook—As to the deaths, there were four deaths. I saw. One was in the local hospital. The first was given a dose of salvarsan in the morning at 8:30. This case was not syphilis. She died at 4:30 in the afternoon. What she died of I don't know,

but it looked almost to me as though salvarsan killed her. The other cases occurred when the doctor that I speak of first began to use it, in a charity hospital at New Orleans. I was working with Dr. Harris.

Dr. Martin—I am greatly relieved to hear that only one death occurred in Hot Springs. It was a case of pellagra, a woman, weighing about eighty pounds, who was excessively infiltrated with what I will just call the pellagra germ, and either in giving her six decigram doses the doctor who was treating her either gave her a great deal more than was necessary to kill that number of organisms or else possibly the water was very much contaminated, because the patient went ahead and had what we call down in the swamps a congestive chill and died that afternoon; but there was no symptom of salvarsan poisoning in that death. The patient died by being cured too quickly. (Laughter.)

Dr. Hebert—I think Dr. Martin made a statement in the discussion that salvarsan was perfectly safe and positively without danger.

Dr. Martin—When properly given.

Dr. Hebert—Now the question comes up as to the mortality from the use of salvarsan. We have many reports of deaths from the use of salvarsan. Salvarsan is not without danger. There is danger in the use of salvarsan.

The journal from which Dr. Chesnutt quoted a few moments ago contains a very illuminating article by Prof. Gaucher of Paris relating a series of cases. It shows that there is some danger from its use.

### DRAINAGE TUBE FOR THE FEMALE BLADDER.\*

By R. C. Dorr, M. D.,  
Batesville.

I want to make a report here of a little glass drainage tube that has been used by our firm for the last seventeen years, for draining the female bladder, in those cases of cystitis that have become necessary to be drained to be cured. After doing the old operation of making an opening, stitching the mucous membrane of the bladder to that of the vagina to keep the opening from growing up, and establishing drainage, which we found very unsatisfactory, on account of the edges sticking together, and

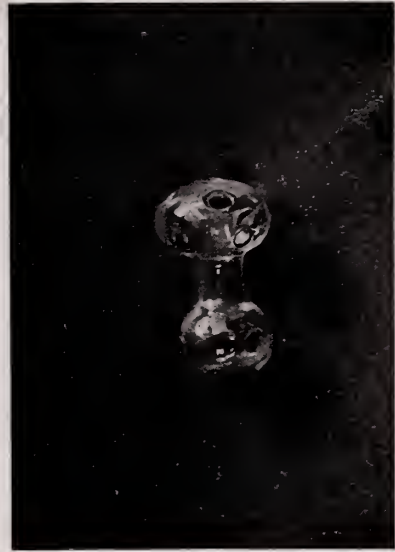


Fig. 1. Drainage Tube for the Female Bladder.

not draining properly, we invented the following drainage tube, Fig. 1, which is in the shape of a collar button, one solid piece; the length of the tube is one inch, diameter of the vaginal end is nine-sixteenths inch wide, with seven one-tenth of an inch openings. The bladder end is one-quarter of an inch in diameter, four openings in it of one-tenth of an inch. The length of the stem between the vaginal and bladder end is five-sixteenths of an inch, size of this stem is about one-eighth inch in diameter.

The advantages of this tube are:

First—It simplifies the operation; nothing to do but to pass a small hemostat or uterine dilator curved on the flat through the urethra into the bladder, open up the blades and make pressure on the base, and make an opening large enough to insert the tube, and the operation is over with.

Second—You get a more thorough drainage.

Third—In removing the tube, if the opening does not close itself, you have a very small opening to close.

Fourth—It is not necessary to hurt your patient opening up the opening as you do in the old operation.

Fifth—It is more aseptic than the old operation, there being no stitches to be infected or removed.

This tube could easily be improved for the attachment of a rubber tube, by closing up the opening in the vaginal bulb and continuing the stem.

(At conclusion specimen tube examined by those present.)

\*Read in the Section on Surgery of the Arkansas Medical Society, at the Twenty-sixth Annual Session, held at Hot Springs, May, 1912.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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Entered as second-class matter, June 21, 1906, at the postoffice at Little Rock, Arkansas, under Act of Congress of March 3, 1879.

All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### A CALL TO DUTY.

Vacation days are over—for such happily situated physicians who could get away. The county medical societies have resumed their meetings after suspending sessions during the hot weather, and this fact suggests that much work remains to be done by physicians throughout the state.

Arkansas is behind many other states in progressive legislation. We have a State Board of Health, without an appropriation, which is on a par with having a wagon and no horse to pull it. Philanthropy outside the state is doing work our state ought to pay for. A bill that should have become a law was abstracted from the legislative halls and the crime of its theft is not fixed on anyone. We need a Board of Health with funds to carry on its work to guard against the entrance of contagious diseases and stamp them out should they obtain a foothold. We need amendments to our medical laws for the con-

trol of the practice of chiropractics and of optometry.

How are we to get what we want? How are we to overcome the diffidence of our law-makers? How are we to convince our law-makers that we are not parties to a trust (that boggy word!); that we do not want to exclude every other school from practice; that we are unselfish, seeking first, always, the health and well-being of society and our individual interests last?

There is only one answer. Co-operation and concerted effort alone will surmount all these difficulties. There is a homely saying, "What is everybody's business is nobody's business." The individual physician has little if any influence in shaping legislation; but through the medical societies throughout the state, with well prepared, intelligently directed plans, he can exert a tremendous influence.

Apart from all other considerations, no doctor can afford to remain aloof from his county medical society. He gets only good and confers only good on his fellow-members by belonging and attending the meetings regularly. The true physician never concludes his course of studies. He must study as he practices—and the earnest investigator may yet learn something in every new case. In the presentation of cases, in report of operations, in symptoms and developments differing from the rule, in comparisons and discussions, the medical society is of immeasurable benefit, to say nothing of the social intercourse enjoyed and the fraternal relationship established. The community of interest in a strong county medical society will accomplish a world of good in legislative matters. Many members of the profession are eminently fitted for legislative work, practically, intellectually, professionally and diplomatically. All of these qualities are needed. The legislation desired should be prepared under their guidance, and the county societies, through their secretaries or committees appointed for that purpose, should confer with the representatives and senators of their several counties and put the matter squarely and cogently before them. In this way it is certain that substantial results can be achieved and the activities of charlatans, patent medicine vendors and lobbyists anticipated and forestalled.

Three things are essential to build up and keep up county societies:

Attend regularly.

Make the meetings interesting.

Earnestly seek for new members.

The first suggestion, if carried out, will insure the other two. Good programs, live discussions and perhaps a social hour and refreshments, with a modest banquet occasionally, will most likely secure the membership and regular attendance of every doctor in the county.

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### Personals.

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Dr. and Mrs. J. P. Runyan have returned from Colorado.

Dr. J. C. Cunningham of Little Rock has returned from New York City

Dr. and Mrs. F. Vinsonhaler have returned from Seattle, Wash., and California.

Dr. O. R. Kelly has moved from Haskell to Carthage, Ark.

Dr. M. D. Ogden has returned from an extended trip in the East.

Dr. E. E. Barlow of Dermott is attending the surgical clinics of Chicago and Rochester, Minn.

Dr. C. W. Garrison, state director of sanitation, State Board of Health, is attending the International Congress on Hygiene and Demography in Washington, D. C.

Dr. O. K. Judd, chief health officer of Little Rock, has returned after two months' study of the various health regulations and ordinances in effect in some of the progressive Eastern cities, where sanitary conditions are being improved.

Physicians visiting Little Rock during the past month include: Drs. F. T. Murphy, Brinkley; R. C. Dorr, Batesville; W. F. Baskerville, Booneville; J. C. Hughes, Walnut Ridge; R. L. Hilton, El Dorado; Charles Holt, Fort Smith; George S. Brown, Conway; R. Q. Patterson, Augusta.

Dr. C. P. Meriwether, Secretary of the Arkansas Medical Society, will leave October 20 for Chicago to attend a meeting of State Secretaries, as recommended by the Membership Committee of the American Medical Association, to provide means for County, State and American Medical Associations.

The Registrar of the Medical Department of the University of Arkansas would like

the present addresses of the following graduates of that school: Gibson, George, Trinity, Tex., class 1903; Hamilton, J. M., Gillett, Ark., class 1903; Oliver, H. P., Bovina, Tex., class 1894; Ward, Stonewall J., Little Rock, Ark., class 1892.

A well established practice free to buyer of my residence and drug store. Located in a nice little railroad town, in a rich delta country. Above overflow. Good schools, churches and water. Address Dr. G. W. Fletcher, Tillar, Ark

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### News Items.

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#### UNIVERSITY OF ARKANSAS MEDICAL DEPARTMENT OPENED.

The thirty-fourth session of the Medical Department of the University of Arkansas opened Monday, September 16, with a large attendance and a large number of visitors.

The exercises were held at the College building, the dean, Dr. Morgan Smith, presiding.

Among the speakers were Acting President of the University, Prof. J. H. Reynolds; Governor George W. Donaghey, Mayor Charles E. Taylor, Hon. J. H. Harrod and Dr. E. R. Dibrell. Hon. Joe T. Robinson was to have delivered an address, but was prevented on account of an automobile accident on the way from Lonoke.

Dr. O. K. Judd of the City Department of Health has issued the following notice to the physicians of Little Rock:

Report the following diseases to the health officer:

Actinomycosis, Asiatic cholera, cerebrospinal meningitis, diphtheria, glanders, leprosy, malignant pustule, measles, scarlet fever, ophthalmia neonatorum, smallpox, tetanus, trichinosis, tuberculosis, typhoid fever, typhus fever, varicella, whooping cough, yellow fever, infantile paralysis.

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#### REPORT YOUR BIRTHS TO CITY CLERK.

Call telephone (No. 5402) for first report, which should be followed by report on regular form, which may be obtained from the Department of Health at City Hall.

This seems to us a move in the right direction, and we trust that he will have the co-operation of all physicians in the city.

### THE TRI-STATE MEDICAL SOCIETY OF ARKANSAS, LOUISIANA AND TEXAS

Will hold its annual meeting at Shreveport, La., November 12 and 13. Officers: President, Dr. E. H. Martin, Hot Springs, Ark.; Secretary, Dr. J. M. Bodenheimer, Shreveport, La. The program is now being prepared. Those desiring to present papers at this meeting will please notify Dr. J. M. Bodenheimer, Shreveport, La.

The series of lectures which Prof. Carl von Noorden of Vienna is to deliver in several American cities on "New Aspects of Diabetes, Pathology and Treatment," will be issued in book form, October 26, immediately at the close of the New York lectures, by E. B. Treat & Co., New York, who have published all his other monographs.

The State Tuberculosis Sanatorium at Booneville has installed a training school for nurses. Those wishing to apply for information regarding course of study, requirements for admissions, salaries, etc., should address Miss C. R. Sprake, Superintendent Training School.

The Arkansas Association of the St. Louis, Iron Mountain and Southern Railroad Surgeons held its first annual meeting in Little Rock September 17-18. The following officers were elected: President, Dr. W. F. Smith, Little Rock; Vice President, Dr. W. B. Lawrence, Batesville; Secretary and Treasurer, Dr. J. W. McClendon, Hot Springs.

### THE MEDICAL ASSOCIATION OF THE SOUTHWEST

Met in Hot Springs, October 8-10, and was largely attended. Among the important papers were:

"Some Experimental Studies in the Treatment of Typhoid Fever, With a Low Caloric Food Value," by Dr. M. L. Graves, Galveston, Tex.

"Railway Hospital Associations," by Dr. Frank Allport, Chicago.

We hope in a subsequent issue to abstract the proceedings of this meeting and publish some of the original articles.

### SOUTHERN MEDICAL ASSOCIATION.

The next meeting of this association will be held in Jacksonville, Fla., November 11, 12 and 13. J. M. Jackson, M. D., President, Miami, Fla.; Seale Harris, M. D., Secretary-Treasurer, Mobile, Ala.

Dr. Loyd O. Thompson announces that the Arkansas Pasteur Institute and Hygienic Laboratory has moved to its new quarters on the second floor of the Urquhart building, East Capitol Avenue, Little Rock.

The Governors of the New York Skin and Cancer Hospital announce that Dr. L. Duncan Bulkley will give a fourteenth series of clinical lectures on disease of the skin in the out-patient hall of the hospital on Wednesday afternoons, from October 30 to December 18, 1912, at 4:15 o'clock. The course will be free to the medical profession on the presentation of their professional cards.

### Therapeutical Notes.

#### TREATMENT OF LEUCOPLAKIA.

Avierinos, in *Quinzaine Therapeutique* for June 25, 1912, states that in conjunction with hygienic measures, i. e., elimination of all causes of local irritation, chemical or mechanical, and with constitutional treatment, he has obtained excellent results by local application of the following solution:

R Cupri sulphatis.....2 grammes  
Aque destillatae}  
Glycerini .....}.....Ana 10 grammes  
M. ft. solutio.

The buccal mucous membrane is first well dried and the patches of leucoplakia are treated with the solution, which is applied with cotton. An application is made every morning, after washing out the mouth, for twenty successive days. Ten days of rest are then allowed to pass, after which the treatment is resumed. At first the solution may be diluted one half, in order to test the sensitiveness of the patient's mucous membrane, irritation of which is to be particularly avoided. The copper sulphate solution was found by the author to be far superior to the solutions of salicylic acid, potassium bichromate, chromic acid, mercury salts, etc., hitherto used.—New York Medical Journal.

## REGARDING THE USE OF VACCINES IN THE TREATMENT OF TYPHOID FEVER.

Our readers will no doubt recall that about six years ago Dr. W. H. Watters of Boston began the use of vaccines in the treatment of typhoid fever. Since that time he has treated more than one hundred cases and has obtained numerous articles upon the same subject written by physicians in various parts of the world. It seems possible, however, that some may have escaped notice. He also realizes that many of the profession may have treated some cases without reporting them. He is now preparing a paper upon the subject and earnestly desires to incorporate reports from a large number of cases, good, bad and otherwise. He accordingly makes the following request to the readers of this journal:

Will anyone who has used vaccines in the treatment of typhoid fever, whether but one case or more, kindly communicate to him that fact, accompanied by name and address of the reporter. If the results have already been reported, a note of the journal in which they appeared will be sufficient. If they have not been reported, a short blank form will be sent to the physician to be filled out. Due credit will be given in the article to each person making a report. If any physician knows of confreres who have had such cases, it will be appreciated if he will send their names; as they may not see this notice. It is hoped that by this means a sufficient number of cases may be collected to somewhat definitely settle the now mooted question as to whether vaccines are of benefit in typhoid therapy.

Reports of cases will be accepted at any time in the future, but preferably by November or December of the present year.

Kindly communicate with Dr. W. H. Watters, Director of the Department of Pathology and Bacteriology, Evans Institute for Clinical Research, Boston, Mass.

## SOME VALUABLE PRODUCTS FOR THE TREATMENT OF DISEASES OF BACTERIAL ORIGIN.

Since the advent of diphtheria antitoxin it is doubtful if any new remedial agent has elicited greater interest than is now being manifested in the bacterial derivatives known as phylacogens. These products were originated by Dr. A. F. Schafer of California, the

method of preparation and technique of application being first presented to the San Joaquin Medical Society in Fresno. To the uninitiated it may be said that the term phylacogen (pronounced phy-LAC-o-gen) means "phylaxin producer," being derived from two Greek words signifying "a guard" and "to produce." The phylacogens are sterile aqueous solutions of metabolic substances generated by bacteria grown in artificial media. They are produced from a large variety of pathogenic bacteria, such as the several *lus pyocyaneus*, *diplococcus pneumoniae*, *bacillus typhosus*, *bacillus coli communis*, *streptococcus rheumaticus*, *streptococcus erysipelatis*, etc.

Four phylacogens are now offered to the medical profession: Mixed infection phylacogen (used in the treatment of bacterial diseases of unknown etiology), rheumatism phylacogen, erysipelas phylacogen and gonorrhea phylacogen. They have been thoroughly tested clinically and are said to be producing excellent results in the treatment of the various pathological conditions in which they are indicated. They are administered hypodermically—subcutaneously or intravenously—preferably by the former method, the latter being advised only in cases in which a quick result is demanded. They are supplied in hermetically sealed glass vials of ten Cc. capacity.

## TO AVOID IRRITATION FROM IODINE APPLICATIONS.

(L. Sabbatani, Gazz. degli Ospedali, May 14, 1912):

The well known property possessed by sodium hyposulphite of decolorising iodine is made use of by the author in avoiding irritation from iodine used in skin sterilization. The iodine is applied to the skin in the usual manner; the part is covered with absorbent cotton and five to ten minutes allowed for the application to exert its disinfectant action, after which the cotton wool is sprinkled freely with a solution of hyposulphite, five per cent, sterilized and heated to 40 degrees C. (104 degrees F.), and the cotton wool gently pressed. After two minutes the cotton wool is removed and the part is found to be completely disinfected, but without iodine stain. The five per cent solution of hyposulphite being nearly isotonic, causes no irritation in itself.—The Prescriber.

## ACNE—LOCAL TREATMENT OF.

After cleansing, the patient should apply on cotton either, resorcin, one-tenth to one-half per cent; thymol, one-fourth per cent; or salicylic acid, one-quarter to one-half per cent. Following this, apply as an ointment:

Resorcin, gr. xv.  
Precipitated sulphur, gr. xxx.  
Green soap, 5v.  
Petrolatum, 5v.

Or

Sulphur, gr. xxx.  
Salicylic acid, gr. xv.  
Tincture of benzoin, m. xv.  
Petrolatum, 5l.

After the ointment has remained on the skin for an hour or two, the irritation which it causes is removed by the application of a soothing cream of wool fat, rose water ointment, or by an ointment containing zinc oxide and bismuth subnitrate.—Critic and Guide.

## SPRAY FOR NASAL CATARRH.

The following spray is recommended by W. Stuart-Low (Practitioner, April, 1912):

Sodii chloridi .....gr. 45 (3.0 Gm.)  
Sodii salicylatis .....gr. 45 (3.0 Gm.)  
Sodii biboratis .....gr. 96 (6.0 Gm.)  
Potassii chloratis .....gr. 96 (6.0 Gm.)  
Glycerini .....dr. 4 (4.0 Cc.)  
Aquae, q. s. ad.....oz. 6 (170.0 Cc.)

Label: Two teaspoonfuls to be added to one ounce (30 Cc.) of warm water and used to spray or sniff up the nostrils.

## TO PREVENT LOOSENING OF TEETH.

When it is desirable to counteract a tendency to this condition, the following mouth wash is recommended:

R Acidi tannici .....5ii  
Tinct. iodi .....5i  
Tinct. Myrrhae .....gtts. lxxx  
Potassii iodidi .....gr. xv  
Aquae rosae ad.....5vi

M. et Sig: Teaspoonful in a third of a tumbler of water every two hours as a mouth wash.—Practitioner.

## A DISGUISE FOR CASTOR OIL.

Put into a tumbler about two ounces of strong lemonade, using nearly half a lemon. Pour in the desired quantity of castor oil.

Just as you are ready to give it stir in about one-quarter teaspoonful of baking soda. It will foam to the top of the glass. Have the patient drink it while it is effervescing. Even the oiliness of the dose is not detected.—Ex.

## County Societies.

## UNION COUNTY.

(Reported by Dr. J. G. Mitchell, Secretary.)

El Dorado, Sept. 20.—The Union County Medical Society met in this city September 2, President F. O. Mahoney presiding. The scientific program was as follows:

“Anatomy and Pathology of the Liver and Gall Bladder”—By Dr. J. B. Wharton.

“Physiology of the Liver and Gall Bladder”—By Dr. S. J. McGraw.

Announcement was made that at the next regular meeting, to be held October 7, the public would be invited to attend.

Addresses will be made in the interest of state organization and sanitation, with special reference to hygienic measures to be applied in public schools and academies.

## GREENE COUNTY.

(Reported by Dr. Olive Wilson, Secretary.)

Paragould, Sept. 11.—The Greene County Medical Society met September 4 in the M. E. Church at Walcott.

A popular program had been prepared and the public invited to attend.

A large and appreciative audience was present.

“Adenoids” was the subject of the paper read by H. J. Green, D. D. S., of Paragould.

“Cause and Prevention of Ordinary Colds”—By Dr. E. S. Baker, Paragould.

“Tuberculosis; How Contracted”—By Dr. R. E. Bradsher, Marmaduke.

“Pellagra”—By Dr. Trad Cothren, Walcott.

Two cases of pellagra were submitted for examination by Dr. Cothren.

“Hookworm Disease”—By Dr. W. W. Majors, Walcott.

A typical case was presented for observation by Dr. Majors.

“Flies as Disease Carriers”—By Dr. Olive Wilson, Paragould.

This was the second public meeting held by the society this year. The first was held in Marmaduke August 7, when Dr. C. W. Garrison, State Director Sanitation, State Board

of Health, Little Rock, gave an illustrated lecture on hookworm.

#### BENTON COUNTY.

(Reported by Dr. James A. Fergus, Secretary.)

Rogers, Sept. 14.—The Benton County Medical Society met at Hotel Massey, Bentonville, September 9 with the following members present: Drs. J. T. Clegg, J. L. Smiley, E. E. Pickens, C. A. Rice, Charles H. Cargile, E. L. Lindsey, J. H. Lindsey, C. E. Hurley, R. T. Henry, M. W. Duncan, E. J. Highfill and J. A. Fergus. Visiting members: J. T. Henry, A. A. Gebhardt, A. J. Harrison.

The Board of Censors reported favorably on the applications of Dr. J. T. Henry and A. A. Gebhardt, and they were duly elected to membership.

The minutes of the previous meeting were read and approved.

A resolution was unanimously adopted changing the meetings from quarterly to monthly. Two applications for membership were read and referred to the Board of Censors.

Dr. A. A. Gebhardt read a very able paper on "Unconsciousness," which elicited a very general and helpful discussion.

Some very interesting cases were reported and freely discussed by all members present.

The meeting adjourned to meet in Siloam Springs Tuesday, October 8.

### Book Reviews.

**A Manual of Chemistry.**—A guide to lectures and laboratory work for beginners in chemistry. A text-book specially adapted for students of medicine, pharmacy and dentistry. By W. Simon, Ph. D., M. D., Professor of Chemistry in the College of Physicians and Surgeons, Baltimore, and in the Baltimore College of Dental Surgery; Emeritus Professor in the Maryland College of Pharmacy; and Daniel Base, Ph. D., Professor of Chemistry in the University of Maryland. New (tenth) edition, enlarged and thoroughly revised. Octavo, 774 pages, with eighty-two engravings and nine colored plates, illustrating sixty-four of the most important chemical tests. Cloth, \$3.00, net. Lea & Febiger, Philadelphia and New York, 1912.

The degree of approbation accorded this work by the medical, dental and pharmaceutical professions is shown by the demand which has exhausted nine previous editions.

This new revision still preserves the plan and characteristics which have won for its greatest popularity. Numerous additions have been made, most of which are of fundamental importance and again bring it abreast of mod-

ern thought in chemistry. Ionic relations are discussed in practically every chapter on acids and the metals, and a number of compounds have been added to the sections on organic and inorganic chemistry. The section on physiological chemistry has been written and brought into line with present day knowledge and theories. Special care has been taken to introduce here the most modern methods for chemical examination in clinical diagnosis.

**Practical Anatomy.**—An exposition of gross anatomy from the topographical point of view, and a guide to the dissection of the human body. By John C. Heisler, M. D., Professor of Anatomy in the Medico-Chirurgical College of Philadelphia; 366 illustrations, 225 of which are colored. Published by J. B. Lippincott Company, Philadelphia. Price, \$4.50.

This book is a systematic treatise upon descriptive anatomy. Directions are given as to the technic of dissection and as to the definite orders of procedure in exposing and identifying the structures of the various regions.

It is profusely illustrated, of convenient size, with a flexible back, and deserves the highest recommendation.

**International Clinics.**—A quarterly of illustrated clinical lectures and especially prepared original articles on Medicine, Surgery, Medical and Surgical Specialties, and other topics of interest to students and practitioners. By leading members of the medical profession. Volume III. Twenty-second series, 1912. Published by J. B. Lippincott Company, Philadelphia. Price, \$2.00.

The contents of this volume are especially attractive on account of their scope and the manner in which they are presented. It includes an excellent article on "Spontaneous Gangrene," with the record of a case illustrating the ordinary senile type, resulting in spontaneous amputation, and a case of spontaneous gangrene affecting the several extremities, successfully in the course of acute primary infectious endocarditis, by Albert E. Roussel, M. D. "Death Following Two Cases of Operative Fixation of Fracture of the Shaft of the Femur," is the subject of an excellent article by John B. Roberts, M. D. "A Year's Work on Appendicitis," by John B. Deaver, M. D. This volume also contains many other articles deserving attention, including some notes on interesting eye cases, radiographic diagnosis of pregnancies, the recognition and treatment of the complications of gonorrhea in women, etc.

**The Practice of Medicine; a Manual for Students and Practitioners.**—By Hugh Dayton, M. D., formerly of the Cornell University Medical School, New York. New (second) edition, thoroughly revised. 12mo, 326 pages. Cloth, \$1.00, net. The Medical Epitome Series. Lea & Febiger, publishers, Philadelphia and New York, 1912.

That this little work has received the approbation of students and physicians is shown by the demand which has brought it to a new edition. In order to present adequate information within brief compass, such subjects as diseases of the pharynx, larynx and tonsils have been excluded (they are covered fully in the companion volume on the nose and throat), and the space thus gained has been devoted to the more important subjects in medicine, such as typhoid fever, tuberculosis and pneumonia. For the sake of uniformity and simplicity the classification of Osler has been followed quite closely.

**Elementary Bacteriology and Protozoology; the Microbiological Causes of the Infectious Diseases.**—By Herbert Fox, M. D., Director of the William Pepper Laboratory of Clinical Medicine in the University of Pennsylvania. 12mo, 237 pages, with sixty-seven engravings and five colored plates. Cloth, \$1.75, net. Lea & Febiger, Philadelphia and New York, 1912.

This work is designed as an elementary text-book of bacteriology and protozoology for nurses and beginners. Without being technical, it gives a good idea of the nature of micro-organisms, and then discusses with more emphasis the ways in which bacteria pass from one individual to another, how they enter the body and act when once within, and their manner of exit. Such general information concerning the character of the disease process has been included as deemed necessary to clarify the nature of microbic action.

In other words, the author has endeavored to show in the simplest manner how bacteria produce disease.

**The Wassermann Reaction; Its Technic and Practical Application in the Diagnosis of Syphilis.**—By John W. Marchildon, B. S., M. D., Assistant Professor of Bacteriology, St. Louis University Medical School. Eleven illustrations and colored

frontispiece. Published by C. V. Mosby Company, St. Louis, Mo. Price, \$1.50.

The appearance of this little volume is timely, as in recent years great additions have been made to our knowledge of syphilis. Although the Wassermann reaction is of well established diagnostic importance, it has not really come into as wide use as it deserves.

In this book will be found complete information, for one with a certain amount of laboratory training, that will enable him to get the material and to make the Wassermann reaction.

**Arteriosclerosis.**—By Louis M. Warfield, A. B., M. D., with an introduction by W. S. Thayer, M. D., Professor of Clinical Medicine in Johns Hopkins University. Second edition; twenty-eight engravings; 220 pages. Published by C. V. Mosby Company, St. Louis, 1912. Price, \$2.50.

In view of the widespread and indiscriminate popular use of the term "arteriosclerosis," the time would seem peculiarly fitting for this brief and practical consideration of the present state of our knowledge concerning the nature and clinical bearings of arterial disease.

The author takes up the disease in regular order, beginning with anatomy, physiology and pathology.

Chapter III describes the physiology of the circulation and blood pressure. Blood pressure instruments and their technic. Etiology, diagnosis, prognosis and treatment are carefully given.

**Progressive Medicine.**—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Volume XIV, No. 3, September 1, 1912. By Lea & Febiger, Philadelphia and New York. Six dollars per annum.

This volume contains the following articles: "Diseases of the Thorax and Its Viscera," including the heart, lungs and blood vessels, by William Ewart, M. D., F. R. C. P.; "Dermatology and Syphilis," by William S. Gottheil, M. D.; "Obstetrics," by Edward P. Davis, M. D.; "Diseases of the Nervous System," by William G. Spiller, M. D.

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WILLIAM R. BATHURST, M. D., *Editor*

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### Original Articles.

#### GALL STONES.\*

By James A. Foltz, M. D.,  
Fort Smith.

I do not expect to even attempt to cover the subject of gall stones in this brief paper. Indeed, I feel that it was somewhat of a presumption to attempt the handling of a subject of so wide a scope and of such great importance. I shall not make any apology for not offering you anything original, as I feel that practically all of the papers read before this society must necessarily be very largely based upon research work and on the individual experience of the author. We have but little opportunity for original work, and I feel that I would indeed be presumptuous to assume that any technic of my own would be instructive to you. I shall, therefore, confine my endeavor to the attempt at focusing upon the canvas recent phases of knowledge concerning gall stones, so that in the discussion which will follow you may dissect same to your satisfaction and to my advancement.

The gall bladder is subject to many diseases. Any mechanical or other obstruction to the free flow of bile will cause gall bladder trouble. Chief of these causes of obstruction is easily gall stones. Now, as to the etiology of gall stones, it is pretty generally conceded by modern writers that bacteria play by far the most important role. Attention was first called to the germ theory by Mayo Robson, who was first to call attention to the frequent relationship between gall stones and typhoid fever.

Halstead reports that over one-third of the cases in his clinic gave a typhoid history. Kocher and other writers have confirmed these observations. The bacillus typhosus as well as the bacillus coli communis and pneumococcus and other germs have been found within the gall stones and in the mucous secretion of the gall bladder.

Age, sex and diet are also important as etiological factors. Gall stones are comparatively rare in children, though occasionally present. I have under my observation at this time an unquestionable case of gall stones in a Hebrew boy of eleven years. I hope to soon be able to confirm this diagnosis on the operating table, though the parents of the child have, up to this time, refused operation. Gall stones are much more frequent in middle life, and most frequent

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\*Read in the Section on Surgery of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

from fifty to seventy years of age, though it is probable that those cases of gall stones found on the operating table at this age have existed a great many years prior to operation.

As to sex, the Mayo brothers report 1,800 cases of gall stones operated on at St. Mary's Hospital, 76 per cent of whom were women. Other authorities give about the same statistics.

According to Stuart and Mayo Robson, diet has a considerable influence in the formation of gall stones, and those who eat abundantly of the nitrogenous diet are much less liable to gall stones than those who live on the non-nitrogenous diet. Mayo Robson calls attention to the fact that the Germans eat but little nitrogenous food, and that gall stones in Germany is a very common complaint. In support of this theory he further states the fact that gall stones are very rare in diabetic subjects, since their diet is very largely nitrogenous, while quite common in the gouty, who limit the amount of nitrogenous foods consumed.

As to the treatment of gall stones, there is but one rational treatment, and that is the surgical treatment. I think Kocher expresses this very admirably when he says: "We will not go so far as to say that gall stones 'belong' to the surgeon. They belong first of all to the patient, and if he prefers to keep them and drink Carlsbad waters besides, he has a perfect right to do so. If a patient comes to the point of wishing to have his gall stones struggle along *per vias naturales* with pain and anguish, that is his own business. On the other hand the surgeon has certainly the right to say to his patient that he will be more quickly and surely cured of his illness by operation before subsequent dangers arise than by any other known method of treatment."

The history of the development of gall bladder surgery is, perhaps, the most interesting in history. Our own Marion Sims, Blodgett and Brown were the first to deliberately open the gall bladder. In each case the operation was for empyema of the gall bladder, and the patients all died.

In 1878 Kocher published the first case in which the diagnosis of the gall stones being made, the gall bladder opened and thirty-two gall stones removed. The ideal operation of cholecystotomy was instituted by Spencer Wells, improved by Langerbach in

1882, and to the steady improvement of the technic due to the contributions of some score or more operators since that time is due the present highly satisfactory state of gall bladder surgery.

When we stop to consider that ordinarily the gall bladder is about three inches in length, one to one and one-fourth inches in diameter, and holds about two to three ounces, that occasionally it has been known to distend till it held eight to ten ounces without rupture, we can readily understand why so many errors have been made in the diagnosis of the gall bladder trouble, and why surgeons of experience have diagnosed ovarian cysts only to find at operation that the trouble was an enormously distended gall bladder.

The doubt that has existed all along and the doubt that still exists as to the function of the gall bladder makes it frequently very difficult for the surgeon to decide just what operation is best to perform. W. H. Mayo has attacked the theory that the gall bladder has an important function as a reservoir for bile, basing his conclusion on the ground that its average capacity is from one and one-half to three ounces, while the daily discharge of bile is thirty, forty, and sometimes sixty ounces. He, Mayo, maintains that the gall bladder has no definite function; hence, it is perfectly safe to remove it at any time. Kocher, on the other hand, takes quite an opposite view, and maintains that the gall bladder should never be removed without distinct indication, which, in his opinion, are not very numerous. He says, with what appears to me to be good logic, "As we recorded the first successful cholecystotomy and were among the first to perform cholecystotomy, we can speak with experience on the relative merits of both operations.

"Surgeons should realize that it is their duty to the patient to pull him through his illness, and not to perform an operation regarded as classic. This object cannot be attained by any routine operation, whether based on old or modern theories. Operations that are theoretically excellent, when put in practice, may often cause the death of the patient because his individual needs are not taken into consideration.

"When the gall bladder is healthy, no good can be done by removing it, and the results of these surgeons who advocate cholecys-

totomy *a tout prix* bear this out. It is quite true that gall stones may develop again in a gall bladder which has been retained, but this fear, so far as it is not based on inaccurate reasoning, is certainly much more theoretical than founded on practice, and it is quite incorrect to consider that the gall bladder is analogous to the appendix."

Kocher further claims that while gall stones do sometimes return when the gall bladder has been left, that they do also return after the gall bladder has been removed, and that in the latter case it is very much more difficult to give the patient relief than had the gall bladder been left, he also emphasizes the fact that the removal of the gall bladder opens up a new avenue to infection, prolongs and adds to the gravity of the operation.

All authorities agree that any suspicion of malignancy shall mean complete removal of the gall bladder, and also that the organ should be removed if we could be sure that the cystic duct is not patent.

Empyema of the gall bladder is deemed by some sufficient cause for removal, while others claim not so. Personally, I cannot agree with the opinion that empyema alone shall constitute sufficient cause for the removal of the gall bladder.

I have had three cases of this nature in the last eighteen months, with the gall bladder full of pus, in which I did the usual drainage operation after removal of the stones, and all have recovered. In another case which I operated on recently I removed about 150 gall stones. The gall bladder was larger than a teacup, very thick, and no bile was present. The condition of this patient at the time of the operation very largely influenced my decision to leave the gall bladder, and the patient has made an uninterrupted recovery.

#### DISCUSSION.

Dr. Snodgrass (Little Rock)—I don't know that I can add anything special to Dr. Foltz's paper. I have enjoyed the paper. He reiterated a great many things that we study about. Personally, I haven't been able to find out anything new on this subject since our last meeting, so I have nothing to add to the discussion. I want to commend Dr. Foltz for his energy in bringing these things up again, and hope we will all be able to learn something that will enable us to permanently cure these cases of gall stones.

Personally, I have operated or drained three cases where the gall stones returned; quite a number. I was accused by one of my colleagues of not removing all the stones and leaving the nu-

cleus. I would like to ask Dr. Foltz in his rejoinder if he knows of any method by which gall stones proliferate one from another. But it is an evident fact that draining the gall bladder does not always cure gall stones. I believe if I had gall stones, or infection in my own gall bladder, I would prefer that the gall bladder be removed. It is a most satisfactory operation; there is very little danger in removing the gall bladder. I have had several cases where I removed the gall bladder, and they seemed to get along as well as they did before its removal. In one case jaundice recurred two years after removing the gall bladder. With a few stimulating purges the jaundice disappeared after six weeks, and the patient has been practically well since that time. I don't understand why this jaundice recurred, and I don't understand the reason that it should have recurred after two years. She certainly didn't have gall stones; she didn't have colic; she didn't have any pain. If a gall stone was there, I haven't gone back to look for it.

Dr. Shinault (Little Rock)—A malignant gall bladder, of course, should be removed. A chronically involved gall bladder, where time has been allowed for the dilatation of the common duct as result of extra labors, could be removed without adding materially to the hazardousness of the operation; but in acute cholecystitis one should weigh well the point as to whether or not the common duct has sufficiently dilated to take care of the direct influx of bile.

Dr. E. S. Judd (Rochester, Minn.)—I was very much interested in Dr. Foltz's paper and in the discussion which brought out the point as to whether the operation should be a cholecystectomy or a cholecystotomy. We are all pretty well agreed that the cause of gall stones is an infection, possibly an infection due to the colon bacillus which has traveled up through the common duct. We are also pretty well agreed that surgery is the best treatment for gall stones. It has been definitely demonstrated that gall stones cannot be dissolved by medical treatment, hence the importance of removing them surgically. Not only are they a source of irritation reflexly of other organs, such as the stomach, but their presence in the gall bladder is a cancer menace. It is not unusual to find carcinoma associated with gall stones, but we have not observed carcinomata in the gall bladder following the removal of gall stones and the restoration of normal function.

Regarding the removal of the gall bladder: There are certain definite indications for this procedure, e. g., when the stones are in the cystic duct and the gall bladder is filled with mucous and no bile in it, or if the stone be lodged in the cystic duct in such a way that it cannot be pushed back into the gall bladder. Another indication for its removal is the "strawberry" gall bladder. This type of infection is a disease of the mucous membrane, and unless the gall bladder be removed the symptoms will return in a large percentage of the cases. In cases of empyema of the gall bladder, ordinarily the gall bladder should not be removed. In these cases the operation is much more serious, and many cases are cured by drainage. The organ should always be removed if carcinomatous. There should be no mortality except that which is accidental—one or two per cent.

Regarding stone reformation: Stone reform but rarely in the gall bladder, more often in the hepatic or common duct, therefore removing the gall bladder will not influence the reformation.

Dr. Foltz (Essayist)—I wish to thank the gentlemen for their discussion and reception of my paper. In regard to remarks of Dr. Snodgrass as

to the facts that I attempted to go over in my paper being known to the majority of us, I stated that in the prelude to my paper. I have been a fairly religious attendant upon medical conventions of different kinds in this section of the country during the last eight or ten years, and it may be probable that during that time I have heard a strictly original communication, but I don't just recall it at this time. The majority of our papers, aside from those of the masters, are to a very large degree what we have adopted from the literature, plus what we may have learned from experience; and the main thing we get is that our experience sometimes causes us to quit being followers and quit following what we find in the literature. It enables us to come to a realization of the fact that not everything that is laid down by the authorities must be necessarily followed in order to get good results in surgery.

In regard to the doctor's case which he mentions, the probabilities are that the trouble was a return of the stones. Fortunately it did not give rise to a sufficient symptomatology to make a second operation necessary; but had it done so, he would have had quite a difficult job on his hands.

Dr. Snodgrass (Little Rock)—I operated on four the second time and found stones.

Dr. Foltz—After complete removal of the gall bladder?

Dr. Snodgrass (Little Rock)—No; in drainage cases.

Dr. Foltz—It is well known, of course, that they recur in drainage cases, but the point that doesn't seem to be so generally understood is that they recur also in cases that are not drainage cases, cases where the gall bladder has been completely removed. I have such men as the Mayos and Kocher as my authority for that statement. Personally, I have never seen a case return where the gall bladder had been removed completely; but my experience has been very limited—only a few cases wherein I removed the gall bladder completely. They do recur unquestionably where the gall bladder has been removed, and they do recur where the gall bladder has not been removed. They recur in both instances; but when they recur, as Dr. Judd brought out in his remarks, they recur more frequently in the common duct and in the cystic duct than they do in the gall bladder proper. Therefore, the removal of the gall bladder *in toto* would have, theoretically, at least, but little influence upon the recurrence of the gall stones.

I want to say that the case I reported, which I usually considered an indication for the removal of the gall bladder, the reason we did not do that was because the patient was in very bad condition and we were afraid we would have a death on the table. Ordinarily I think we would have taken out that gall bladder later. I omitted to state in my paper that stones about the size of a split pea worked out through the opening. It is possible or even probable that I had overlooked them in my search in the gall bladder, and it is possible that these stones had been occluding the duct and had consequently loosened up and their location in the duct was responsible for the fact that we had a gall bladder entirely free from bile.

## THORACIC ANEURYSM—REPORT OF TWO CASES.\*

By James H. Chesnutt, M. D.,  
Hot Springs.

It is not my intention to burden the members of this society with a long account of the frequency, forms of, arteriology and symptoms of aneurysm. The subject is interesting, and those interested will find an admirable description in Vol. IV of Osler's Modern Medicine.

My purpose, then, is to give a description of two cases—one that was under my care for a while, the other a patient upon whom I performed a necropsy, the specimen of which I wish to exhibit. The history of Case 1 is taken from my case records; that of Case 2 from the physician's attending him.

### Case No. 1:

Woman, negro, age thirty-eight.

Family History—Negative.

Personal History—Usual diseases of childhood; numerous attacks of malaria. The patient's health was excellent in every respect up to three years ago, when the onset of her present symptoms began. She denies any specific infection, but the answers elicited to questions bearing on lues showed plainly that the patient had had a severe attack of lues. Subsequent physical examination confirmed this.

Present Illness—Three years ago the patient began to suffer from a severe pain beneath the sternum and in the region of the second right interspace. The pain varied in character from a mild pain to severe radiating pains in the back, on the right side. Next she began to have a slight cough, at first hacking in character, which later assumed the type of the goose cough. The cough was typically brazen; there was some expectoration of a thick, glairy mucus, which at times was streaked with blood. The patient suffered from frequent attacks of dysp-

\*Read in the Section on Pathology and Bacteriology of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

noea, which, increasing in severity, became so intense that she had to quit work. She also noticed, about this time, the appearance of a small tumor in the second right interspace.

Physical Examination—Head: Scars on the forehead, due, as she said, to “knots” which had been present four or five years previously. Eyes: Normal movements of the eye muscles; pupils are equal and react to light and accommodation. Limbs: On the upper and lower limbs, and on the body in general, there are numerous pitted scars, evidences of an old syphilide. On the shins there are numerous scars suggestive of an old periostitis. Glands: There are present a few shotty glands, but they are not much enlarged. The abdomen is rather full and tympanitic. Vessels: The arteries, radial, brachial and temporal, show a marked arteriosclerosis. Blood pressure rather high. Chest: On inspection, breathing is rather shallow and fast. In the second right interspace there is present a small tumor mass about the size of a hen’s egg, which is distinctly pulsating. When the pulse is felt, the pulsation is seen to be synchronous with the heart beat. On palpation the mass is moderately tense, and may be traced to where it disappears underneath the right border of the sternum. A thrill is also felt on palpation. On percussion the heart is enlarged, both on right and left of the sternum, particularly on the right. The apex beat is one inch to the outside of the nipple line in the fourth interspace. There is also marked retrosternal dullness extending almost up to the clavicle. Auscultation shows a marked diastolic murmur at the base of the heart; otherwise the heart seems normal. On palpating the trachea there was a suggestion of a tracheal tug.

From the history, the symptoms and the physical signs, a diagnosis of thoracic aneurysm was made, and the patient was at once placed under large doses of potassium iodide and moderate doses of biniodide of mercury. The response to treatment was immediate. The cough and dyspnea disappeared and the appetite returned. The patient insisted on going to work, and was cautioned as to hard work and overexertion, but, being very ignorant, it was not possible to do much with her.

Three or four months after she came under my care, though I had not seen her for

two months, she had, while working, a sudden pain in the right chest. With this there was weakness, faintness and pallor. She expired within twenty minutes after the onset of the symptoms.

No autopsy was obtainable, but death was due, in my opinion, to rupture of the aneurysm, though, of course, the question of death from aortic insufficiency must be considered.

#### Case No. 2:

Man, white, age sixty, upon whom a diagnosis of aneurysm of the arch had been made by his home physician, but who persisted in believing that he had neuralgia in the left upper back.

The diagnosis of aneurysm was made because of the constant pain in that region, as well as radiating pains along the course of the intercostal nerves. His physician also wrote that he had physical signs of aneurysm. This case is one, I may say, in which the only symptom was pain, dizzy spells and flashes of light, and is therefore justly classed as an aneurysm of signs rather than an aneurysm of symptoms.

The patient came to Hot Springs, placing himself under the care of a competent physician, who gave him baths of a moderate temperature. Whether he told the physician of the diagnosis of aneurysm which had been made, or whether the physician recognized it, I cannot say. The fact remains that he was bathing.

One day, after his bath, he felt a sudden sharp pain in the left upper back, so severe that he felt that he must have immediate relief. With this pain there was a feeling of faintness. The patient, knowing that some time must elapse before he could see his own physician, went to the office of a second physician, whom he happened to find at leisure. Having stated that he was ill and desired immediate relief, and that he was not able to see his own physician, the physician consented to examine him. He asked to see his back, and as the patient leaned over the table he complained of feeling very weak, and the doctor placed him upon the office table. His extremities at this time began to be very cold, his pulse exceedingly rapid and thready, and in about fifteen minutes he was dead.

Inasmuch as there was some doubt as to the cause of death, the facts previously

mentioned having been obtained later, a necropsy was ordered.

**Necropsy Report.**—Only the thorax was opened, as it was thought that the cause of death would be found therein.

When the left pleural cavity was opened it was found to be almost completely filled with clotted blood. This being removed, the pericardium was seen to be normal in appearance; the left lung was pushed up high in the apex of the thoracic vault; the remainder of the pleural cavity was filled by a huge mass firmly adherent to the pleura behind. The heart, as well as this mass, was removed for examination.

The heart was a typical *cors bovinum* of enormous size. The aortic valves showed an aortic insufficiency.

The mass removed was an enormous aneurysm of the arch of the aorta. When filled with blood this mass must have been six to ten times the size of the heart, and must have weighed as much as ten or twelve pounds.

An examination of the mass showed that it was filled with new blood clot and an old organized fibrous mass. On its posterior surface there was a large rough area showing the point of adherence to the pleura.

At the junction of the descending and transverse portion of the aorta, on the posterior surface of the sac, rupture occurred. At this point the whole of the sac was as thin as one or two thicknesses of newspaper. The aneurysm itself came near involving all of the arch of the aorta. As the aorta left the heart it began to dilate, and dilated gradually until it reached the point of origin of the right innominate artery, which itself was slightly enlarged. From this point the true sac began, and, while the left common carotid and left subclavian arteries came on from the sac, they showed no signs of enlargement. The greatest enlargement of the sac was in the transverse and descending portion of the aorta. The dilation of the aorta ceased about one inch from the diaphragm.

#### DISCUSSION.

Dr. Caldwell (Little Rock)—There is one symptom or diagnostic point in connection with thoracic aneurysm that I want to call attention to. I have a case of it under treatment now, another doctor and I together. This is a case of four or five years' standing, involving complete paresis of left vocal cord. The diagnosis was not made by me, but was made by a throat man in the East whom this patient went to see in regard to a little huski-

ness of the voice. She can talk now about as distinctly as any of us, but on examination of the throat you will see there is complete paralysis of the left recurrent laryngeal nerve. The patient is in fairly good health today. I made an examination, only of the throat. The family doctor of the patient, I know very well, and he and I were talking of it not long ago. He said when the patient came home and told him she had a thoracic aneurysm, he didn't believe it. He made an examination. It was hard to believe it then; but the other doctor said it was there. The family physician said inside of a year he was enabled to absolutely say that the patient had a thoracic aneurysm. I just mention this to bring out the point that the symptom of paralysis of the vocal cord may be worth something to you.

Dr. Ogden (Little Rock)—In looking at the specimen there, what I am able to see of it, it is very similar to a case I saw about a year ago. Diagnosis was made only at autopsy. The patient had been treated beforehand for pulmonary tuberculosis. I didn't see the patient prior to his death, and the mode of death seemingly carried out the diagnosis, because he died from pulmonary hemorrhage. The autopsy, however, disclosed the fact that the aneurysm had ruptured into the trachea at one point and at a point an inch and a half above that. There was another place below just about to rupture. It was ruptured at the bifurcation of the trachea and another fully an inch or two above it. In that instance, as I say, the diagnosis was made entirely at autopsy, and without an autopsy it would have appeared to have been pulmonary tuberculosis or death from hemorrhage.

Dr. Caldwell mentioned the huskiness of the voice as leading to a diagnosis, which recalls a case which I saw ten days ago, of a man complaining of pain about the second rib on the region of the sternum of both sides; paroxysmal dyspnea and rapid pulse. That was the sum total of his complaints. Duration about a year. Physical examination in that instance was absolutely negative. No dullness, no thrill, no murmur, no tracheal tug. A slight huskiness of voice, if your imagination was working well. Aneurysm was suspected. As I say, not confirmed by physical examination, but only confirmed by a skiagraph which showed an aneurysm, which the doctor thought to be of the ascending aorta. An aneurysm without a physical sign, as far as we were able to detect. As I say, that was only ten days ago. Perhaps later on we may be able to confirm or disprove the diagnosis that we made.

I enjoyed the doctor's paper. I think it is a timely one, inasmuch as the early diagnosis of these aneurysms before they have eaten through the back bone or chest bone is a little more difficult than a later examination, when nothing can be done to relieve the patient.

Dr. Chesnutt (Essayist)—I might say in reference to the last point the doctor mentioned that he perhaps misunderstood what I read in my paper. The home physician diagnosed this condition as aneurysm and told the man that he had an aneurysm, but he laughed at him, saying he had a little neuralgia in his back. His physician wrote me that he not only had the physical signs of aneurysm, but that a fluoroscopic examination confirmed this. Whether his physician here recognized the condition I cannot say, as the physician is no longer alive. But of course the physician in whose office he died only saw him for a few minutes before death and did not have an opportunity of finding out what the trouble was. How we happened to get an autopsy was due to the

fact that no one was willing to sign the death certificate, and the coroner ordered an autopsy, and, as he had to go to Malvern, he asked me to perform it, which I did.

I did not take up the question of the diagnosis and the physical signs and symptoms of aneurysm. Paralysis of the vocal cords is very common, but since we have passed from the pathological side into the medical side of aneurysm, there are one or two things to which I wish to call attention. Aneurysm is undoubtedly more frequent in the negro than in the white race. At the Johns Hopkins Hospital you go through the negro wards, where the number of negroes in comparison with the white men in the hospital is perhaps in the ratio of one to five. Yet you will find two or three aneurysms among the negroes to one among the whites and the statistics of the hospital from its opening up to the present time have borne this out. Of course it might be possible in other sections that the statistics might not agree, and it might be that negroes with aneurysms go to this hospital in particular. But it is a fact which has been observed, that aneurysm is much more common in negroes, due in a large measure to inadequate treatment.

Since I have been here I saw a negro man that had an aneurysm of the right subclavian artery, a very remarkable one, with all the physical signs, as well as symptoms of aneurysm. This case I did not report. Recently I had on hand another patient that had a thoracic aneurysm, at least I considered it to be. He had many of the symptoms and signs of aneurysm, among which were symptoms of pressure on the spinal cord. He developed first a spastic condition of his limbs and later a complete paralysis from the mid-dorsal region down. In this particular case there was an old history of a specific infection dating back fifteen or twenty years, and I do not think there was any question as to the patient having a thoracic aneurysm.

The last point I wish to mention is this in regard to the treatment of aneurysm. In the May issue of the "Annals of Surgery" there is an article by Finney of Baltimore on the wiring of aneurysms which is very interesting. In reporting one of these cases I could not help but notice the history of it, inasmuch as I administered the anesthetic for the first operation and saw the second operation. This case was one of the most difficult Dr. Finney ever wired. It was necessary to remove the first and second ribs and a large portion of the sternum before the aneurysm could be brought into view. When this was done, ten of fifteen feet of fine silver wire was passed into the aneurysm and then a galvanic current of ten ma. was passed through this for an hour—fifty-five minutes, to be exact. The results were really marvelous. A good clot was formed and all symptoms disappeared. The man was a construction engineer who lived in Boston, and for several months following the operation he had no symptoms and did not suffer any inconvenience whatsoever. One day, the elevator in the building in which his office was situated being out of order, he walked to the top floor of the building, and the symptoms of his aneurysm suddenly returned. He came back for a second operation, which was easily done. Following this he remained free from symptoms for three or four weeks, and then he died suddenly from a rupture of the aneurysm.

Dr. Norton—How large a voltage in the wire do you use, doctor? How many amperes?

Dr. Chesnutt—I cannot give you the exact data, but if you will look in the "Annals of Surgery" for May, 1912, you will find it.

## DIAGNOSIS OF SOME URINARY AFFECTIONS.\*

By J. K. Smith, M. D.,  
Texarkana, Texas.

Ever since 1827, when Dr. Bright, with his four-dollar microscope, began the study of kidney affections from a scientific standpoint, it has been a subject that attracted the attention of our most capable men, and, while it may be said to Dr. Bright's credit that he went into great detail, both as to the pathology and diagnosis, it is equally to our discredit that, with the marked advancement in medicine, but few are capable of making a thorough and satisfactory diagnosis of even the more common kidney affections.

Unfortunately, too much has been attached to the term, "Bright's disease." To many practitioners and some medical writers the term is sometimes confusing. One is also sometimes surprised in finding what equipment some venture to make a diagnosis with.

I have a case in mind that illustrates the inadequacy of many practitioners' equipment for even a simple urinalysis. I was called to see a physician's own child about nine years old, who was said to be suffering from a case of asthma. I found the child's respiration very labored; also heart actions much embarrassed, even under heavy stimulants. He had some oedemia. I suspected the kidneys, and asked for an outfit to make an urinalysis with. No urinometer could be found; his test tubes were all broken. I managed to make a cold nitric acid test for albumin, by the aid of a small phial. I only got there in time to make a diagnosis before death. A premature death by neglect of so simple a thing as not being in the habit of making urinalyses. Some of us might not make this same mistake, but might make one equally as gross if we are not continually on the lookout.

To many, finding albumin in the urine means Bright's disease, and it is dealing with this particular phase of urinary affections that I wish to dwell, as the subject of

\*Read in the Section on Medicine of the Arkansas Medical Society, at the Thirty-sixth Annual Meeting, held at Hot Springs, May, 1912.

diagnosis of all urinary affections is entirely too great a field for the length of one paper.

In order to make this investigation more clearly, I am going to proffer an imaginary case, and then I will illustrate each of these by actual cases. I am supposing this to be a man thirty-five years of age, who had always done hard labor; had been complaining of slight pains in the loins, also tenderness; had been having slight fevers, and probably frequent scant urinations. He had lost his appetite and suffered from nausea. A specimen of urine examined by heat and nitric acid showed that the urine contained albumin, and diagnosis of Bright's disease would be made accordingly. But when this case is analyzed, this albumin, also other symptoms, may be due to many and varied causes.

Taking them separately, albumin may be due to three things—nephritis proper, pus, and blood. If it were possible to exclude the last two, diagnosis would be made much easier, but I find on further investigation that the albumin is due to blood. Then where is it from? This may be from any place along the urinary tract—probably from the pelvis of kidney, probably from ureter, probably from bladder, probably from urethra; many probabilities. But where?

To sum up the usual clinical symptoms for the diagnosis of hematuria by saying that if the blood is intimately mixed with the urine the hemorrhage is from the kidney, and if the blood is in clots it is from the bladder, and if a few drops come after urinating it is from the urethra, is an old and obsolete method of determining these facts. To illustrate, I have a case in mind that represents the fallacy of these symptoms, and if it had not been for a mere coincident I could never have made a diagnosis. I had called in several other physicians, and they were unable to locate the source of hemorrhage, but one day the man had an attack of renal colic; during the attack he passed clear urine, and after the attack had subsided, which it did almost instantly, after suffering some three hours, he passed a mold of the ureter some three inches in length, and the urine again became bloody. He had passed clots at times, indicating that the hemorrhage was from the bladder. It is a known fact that while most hemorrhages from the bladder produce bladder symptoms, yet one might have quite extensive erosions of the fundus of the bladder with very little, if any, pain.

I think that it was this particular case that stimulated me to look further into diagnosis of kidney affections. I almost shudder when I look back and think how we were groping in the dark. This man went on for several weeks with the severest kind of hemorrhage, until he was almost exsanguinated, because of our not being able to make a diagnosis. Luckily for him, he did not die, but it was not from anything that we did (and there were several of us tried) that caused his recovery or enlightened us about the case. A mere chance made our diagnosis. Can one afford to depend upon chances? What could have been done? What should have been done?

The thing I did a few months ago, when this same man returned with a like hemorrhage. Was it the same kidney that was involved? And which kidney, or both, were at fault? I was lying in wait for this kidney at this time, and by catheterizing the ureters I found that same kidney was bleeding, and that the other excreted normal, healthy urine. I also determined the functional activity of the healthy kidney to see if it would be safe to remove the diseased one, which brought about a cure, or at least an alleviation of the hemorrhage. Though this man suffers no pain in kidney, I believe he has a stone in the pelvis of that kidney.

He has a horror of an operation, but I am looking for this kidney to give more trouble yet. To be sure about that I cannot say, but I feel that I am in line with the case, and am in position to give him prompt and proper treatment should it decide to go wrong again.

If hemorrhage be from the bladder there can be no surer and safer method than to inspect the lumen of that viscus with a good, reliable cystoscope. To do this sometimes requires a bit of ingenuity on the part of the operator. The bladder must be distended with air instead of water, as one or two drops of blood to the bladderful of water would make the medium so turbid that no detail could be made of the condition of the bladder mucosa. I think this mistake of not having a perfectly clear solution through which to inspect the bladder has done more to discourage the use of the cystoscope than anything else.

If the hemorrhage is from the urethra, then it could be determined by the use of the urethroscope, which is a very simple and useful instrument for both diagnostic

and treatment purposes. Hemorrhages from the postier urethra will leak back into the bladder and then give the ordinary symptoms of hemorrhage from that viscus. In the absence of a cystoscope or urethroscope one may determine this fact by leaving a catheter in the bladder for a few hours, when the urine will clear up if the hemorrhage be from the urethra.

On the other hand, we suppose that the albumin in the urine is due to pus. How are we to diagnose it and its seat of origin? Pus, like blood, may be from any place along the urinary tract, and to determine its presence in the urine is only half diagnosing the case.

I have a case in mind which I am permitted to report from Dr. G. C. Abell's record, which illustrates a very common condition. As much of my special kidney work has been done along with him, and as he has done a great deal of this special work, I feel that much credit of the diagnosis of this case is due him.

This case was a young lady of nineteen years, with a perfect family and personal history; had been suffering from a violent cystitis for three years. This cystitis dated from a supposed attack of typhoid fever. She had been treated by several physicians with the usual treatment of bladder sedatives and irrigation. She had remained in a hospital at one time for several weeks, and was benefited, but never relieved, soon relapsing into the same state as before. At the time we saw her she was suffering with one of the most violent attacks of cystitis I have ever seen. The urine, on chemical examination, showed it contained albumin; microscopical examination showed an abundance of pus cells, numerous casts from the pelvis of the kidney and bladder, and numerous bacteria. Repeated irrigation relieved the bladder symptoms some. Urethral catheterization was made, under ether, and a specimen from each kidney was examined. It was found that the right kidney excreted practically normal urine, that the left kidney excreted only half as much as the right, and that it contained epithelial tissue, pus and bacteria. Isolation of the bacteria showed it to be a mixed infection of streptococci and colon bacilli. A test of the functional activity of the kidneys showed that the right excreted indigo-carmin in nine minutes, while it took forty-nine for it to appear from the left urethral

catheter. Under treatment the bladder so much improved that subsequent cystoscopic examinations were made without an anesthetic. Continuous treatment has almost restored the functional activity of the diseased kidney. However, it excretes only about half the quantity of urine that the right one does. In all probability much of the parenchyma was destroyed by the long standing of the disease.

To determine the location of pus found in the urine is sometimes quite a problem, and usually requires the same instruments and precautions that are used to find out the origin of blood. There is one thing that often gives the clue as to where the source of pus formation is. It is the character of epithelial cells that are found in a centrifuge specimen of urine; at least, one may have a pretty accurate knowledge whether it is from the pelvis of the kidney or from the bladder. This, I have found, has been of inestimable value to me in several instances. It should be remembered that pus in the urine may mean much, and one should not be satisfied with the diagnosis until its location is accurately determined. If pus is found to be coming from the kidney, then a skigraph should be made to determine whether it is due to a stone. Pyelitis is often due to, or is the cause of, this callous formation.

Should it be determined that the albumin is neither from the presence of blood nor pus, then we are to look upon the case as one of nephritis proper; yet there are certain individuals who may have it present in the urine under certain circumstances that do not have a nephritis of any kind, either acute or chronic, but one should not venture a diagnosis of physiological albumin, so-called, upon a single specimen, and before it is made the case should be studied individually. Such cases no doubt occur, but they should be looked upon with suspicion.

It is not the purpose of this paper to enter into a discussion of the probable various pathological findings, but to be able to determine the pathological findings as pertaining to the urine. The methods of chemical tests for pus, blood and albumin are too well known for any further mention here. While these tests are reliable for the determining of albumin, yet they are not sufficient to determine whether nephritis is present or not.

I have two cases in mind which illustrate this point very nicely. One was a woman about thirty years old, who had all of the other symptoms of nephritis, namely, embarrassed respiration, edema, headache, nausea, etc., but from a chemical test alone one could have never determined that she had a diseased kidney. The other was a man of seventy-four, who began to have attacks of dyspnea, with slight dilation of heart, but no perceptible increase of blood pressure. Repeated chemical tests showed no albumin, yet the microscope showed an abundance of casts. Albumin finally appeared in the urine, but some time after the diagnosis of nephritis was made. I could relate several cases of nephritis that show that one cannot depend upon chemical tests alone for their diagnosis.

I consider that the microscope is indispensable in the proper examination of the urine. The two cases referred to only show how unreliable chemical tests alone are. I would urge that in the examination of the urine prior to giving an anesthetic that you do not depend solely upon chemical tests. I believe that many of the distressing symptoms following anesthesia have been due to the awakening of a latent nephritis by the anesthetic.

It is a safe rule to make an analysis in all continued fever cases, but there are other symptoms that should be sufficient for us to advise thorough examination of the urine. The most common of these are dyspnoea, persistent nausea, headache, neuralgia, dizziness, edemas, disturbed vision, etc., and one should not be satisfied with the analysis of a single specimen.

#### SOME NEW EVIDENCE ON THE TOBACCO QUESTION.

The consideration of tobacco and its dangers has heretofore been largely based on the amount of nicotine contained in the smoke. But there are other products of tobacco which must share the responsibility. Among these are carbon monoxid gas, prussic acid, furfural and some others. Although all of these compounds admittedly are poisonous, their danger depends on the quantities in which they are taken. Recently investigations have been made of some of these toxic products, and the results are of considerable interest. The fact that the action of certain kinds of tobacco has been attributed to the prussic acid in their smoke has

induced the Wurzburg hygienist, Prof. K. B. Lehmann, to investigate the charge. He has found that the amount of this compound produced depends somewhat on the rate at which the tobacco is smoked. The slower the current of air through a cigar, the smaller is the amount of prussic acid formed. The entire amount found, however, is too small to account for the effects. So far the burden of the blame for the ill effects of smoking would appear to rest on nicotine. Investigations made by the London Lancet indicate that the ordinary cheap cigarette contains the least nicotine in the smoke and the pipe the most, the cigar occupying an intermediate position. Assuming, then, that nicotine is the essentially injurious substance in tobacco, the cigarette would appear to be the least harmful form, provided that the amount of tobacco consumed was no greater in this form than in others.

The general impression, however, is that cigarette smoking is the most pernicious form of indulgence in tobacco. This might be accounted for in part by the facts that the form of the cigarette makes it possible for young persons to indulge in it when they would not smoke cigars or pipes, that in older persons it lends itself to overindulgence and that the smoke may be inhaled with less irritation, and, therefore, that more of the products may be absorbed into the system. Further investigations indicate that the most injurious forms of smoking are not those in which nicotine prevails, but those in which there is a larger proportion of furfural. Furfural is about fifty times as poisonous as ordinary alcohol. There is a probability that the least harmful tobacco will turn out to be that which yields a minimum of furfural in the smoke. Although the amount of nicotine present in the cheaper grades of cigarettes is practically negligible, the amount of furfural appears to be sufficient in itself to account for the bad effects attributed to cigarette smoking. The use of tobacco in its various forms is so general that the subject is of almost universal interest. The Journal of the American Medical Association thinks that the smoker is entitled to know the dangers and the safest methods of using tobacco, while educators and all who have anything to do with the young, whether by example or by precept, will appreciate scientific facts with which to back up wise deductions from experience.

# THE JOURNAL

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### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### THE LATE DR. E. R. DIBRELL.

There is one great society alone on earth,  
The noble living and the noble dead.

—Wordsworth.

The death, on October 20, of Dr. Edwin R. Dibrell, president of the Arkansas Medical Society, was a grievous loss to the society, to the profession throughout the state and to the community in which he lived. Scion of a family distinguished in medical annals in the state, he made a name also for himself by deep study, rare ability and devotion to his chosen profession, so that the loss of such a man is a misfortune widespread and deeply felt.

Dr. Dibrell was born at Van Buren October 21, 1858. Son of Dr. James A. Dibrell, also a distinguished physician. He received his medical education in Little Rock and the Medical Department of the University of Pennsylvania, graduating in 1883. Later he took post-graduate courses in Germany, New York, Baltimore and Philadel-

phia, some of them after he was firmly established as a practicing physician. He was elected president of the Arkansas Medical Society at the annual meeting held at Hot Springs in May last.

At the time of his death he held the chair of Practice of Medicine in the Medical Department of the University of Arkansas and was a member of the State Board of Charities. It was in this capacity that he was enabled to secure for the State Hospital for Nervous Diseases the services of the experienced alienist now in charge of that institution. In 1897 Dr. Dibrell married Miss Arrington Tucker, daughter of the late S. H. Tucker, one of the pioneer bankers of Arkansas, who survives him, together with four children, Edwin, Sterling, Frank and Estelle. He is survived also by three sisters, Mrs. E. R. Duval and Mrs. George F. Hynes of Fort Smith and Mrs. A. B. Shibley of Talihini, Okla., and one brother, Dr. Matt S. Dibrell of Van Buren. Drs. John R. and James L. Dibrell of Little Rock are his nephews.

Emerson declares that grief is a selfish emotion. Closely analyzed, this appears to be true, however strange such doctrine, at first thought, may strike us. Our grief is not for the dead, but for ourselves because he is dead. Hence, the sincerest grief over the dead is a species of self-pity and, in such a case as this, where the loss is felt alike by the bereaved relatives, the profession and the community, the grief is for the loss sustained in his removal from a life of unusual usefulness. Eschylus beautifully wrote:

Oh, Death, the Healer, scorn thou not, I pray,  
To come to me; of cureless ills thou art  
The one physician. Pain lays not its touch  
Upon a corpse.

Of death and "that undiscovered country from whose bourne no traveler returns," what knows the wisest among us?

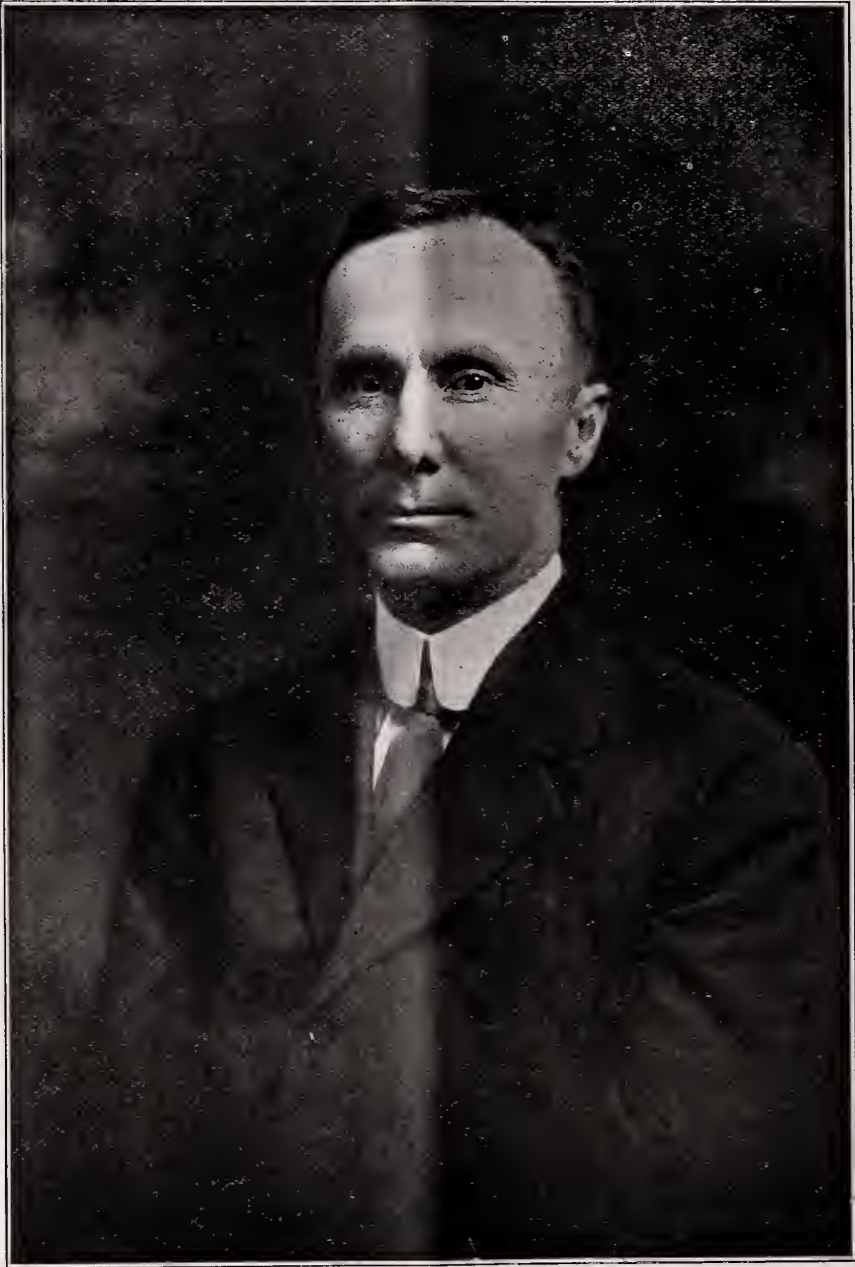
Says Euripides,

"Who knows but that this life is really death,  
And whether death is not what men call Life?"

And the sage Xenophon wrote,

"And no man knows distinctly anything  
And no man ever will."

Whence? Wherefore? Whither? are the eternal questions man asks himself and asks in vain. "If a man die, shall he live again?" asked Job of old, and the question has been ceaselessly, anxiously repeated through the centuries. Yet there is an answer that satisfies scientist, the sociologist, if not the



EDWIN R. DIBRELL, M. D.,  
PRESIDENT ARKANSAS MEDICAL SOCIETY, 1912-1913.

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DIED OCTOBER 20, 1912.

theologian. The man of upright life, of useful, helpful deeds, of good works, such a man as our lamented president, Dr. Edwin R. Dibrell, lives again in posterity. Such a life has its direct influence on the lives of those around him and helps to shape the lives of future generations. Wherefore, not alone in his own posterity, but in that of those of his generation, with the ever-widening circle of hereditary transmission, he truly lives again to the end of time.

Dr. Edwin Dibrell is dead, and we who remain are the losers by his death. He was not a drone in the hive of human industry. He was a noble member of a noble profession. No man among us was more conscientiously a student in the science of alleviating human suffering and prolonging life. It was for this that not only his patients sought his advice, but physicians also. It was for his attainments that he was chosen to honor our society as its president and to serve the state usefully on the Board of Charities. Whatever man's station in life, humble or high in the nation's counsel, no greater tribute can be paid him than to say, "He served his fellow-men," or, as it was said of the most sublime character in all ages, "He went about doing good." And truly this can be said of Dr. Dibrell. For his usefulness and his helpfulness was not confined to attending the sick. He was a good citizen in all the term implies, charitable in relieving the needs of the poor and in freely giving his professional services to those unable to pay; courteous and kind to all with whom he came in contact, and in his home life he was an affectionate husband and a tender, sympathetic, loving father.

#### CONFERENCE OF STATE SECRETARIES

At Chicago, October 23 and 24, was held a meeting of State Secretaries of Medical Societies, which is probably one of the most important gatherings since the reorganization of the American Medical Association at St. Paul, in 1901. Thirty-eight state societies were represented by their secretaries, Dr. C. P. Meriwether of Little Rock representing the Arkansas Medical Society.

Of chief interest to our readers was the report of the Committee on Recommendations in favor of the plan to have the fiscal year coincide with the calendar year throughout the organization, and to have

all dues payable January 1 every year. March 1 was stipulated as the final time for county secretaries to send their annual reports to the secretary of the State Medical Society. It was recommended also that secretaries of all state societies which have not already adopted this provision bring the matter to the attention of their respective associations and endeavor to secure its adoption. This to apply alike to county, state and national organizations.

It would seem that in the component parts or units of an organization of nation-wide scope, uniformity is desirable, and to begin the fiscal year with the calendar year is the easiest method of attaining it. It would be extremely difficult to name, arbitrarily, any given time for the beginning of a fiscal year, other than the beginning of the calendar year, and gain unanimous consent to its adoption.

Questions concerning the pro rating of dues of members joining after the first of the year, admission fees for membership were very properly left to the decision of the component society. One important recommendation was that the House of Delegates of the American Medical Association be asked to consider the advisability of issuing charters to constituent state associations. Such a plan would give added weight and dignity to the various state societies; but, of course, action cannot be taken until the next annual meeting of the association. It was decided to hold future conferences of state secretaries.

#### THE POST-GRADUATE STUDY COURSE.

The American Medical Association bulletin of September 15 contains the outline of the post-graduate study course for 1912-13. This course, originally instituted in 1907 to cover four-year periods, is now in its second year of the second period, the last one having terminated in 1910-11. It has been, of course, revised and brought up to date since the first four-year period. It is pointed out, however, that the course may be begun at any time of any year, but that it is advisable for all county societies to use it concurrently. Thus it is recommended to begin with the second year of the present course, continue till the fourth year is reached and then cover the first year with the beginning of the next four-year period, which will be

in 1915. It is believed that to thus work concurrently will be productive of the best results. To this end it is announced that any desired number of this bulletin can be obtained by any county society free of cost by writing to the secretary of the Council on Health and Public Instruction of the American Medical Association, 535 Dearborn avenue, Chicago.

The following suggestions, based on the actual experience of societies, are made touching the best means of conducting the course:

If the county is not too large nor the membership too numerous, and access between towns easy, it is advisable to carry on the work together at some central point in the county. If the membership is large and traveling facilities inadequate, it is suggested that the members meet weekly for the course in groups in various parts of the county most convenient; but that all the members meet in a joint meeting once or twice a month.

A leader for every meeting should be appointed, in advance, and it is urged that not only the leader prepare the lesson, but that everyone attending should carefully study and fully familiarize himself with it. Every member should be equally well prepared, whether his name is on the program or not.

The proceeding should be in the nature of a quiz and the leader act rather as quiz master than as mere reader or lecturer. Otherwise, it is pointed out, the study plan is lost and the outline degenerates into a mere topical program with the conventional "paper." In other words, it must be borne in mind that this is essentially a study course, not a lecture course, and to obtain results every member must study the subject before the meeting night.

The course is arranged as heretofore for ten months of four weekly meetings, a total of forty, with provision that the fifth meeting be open to the public in such months when five meeting days occur.

Meet promptly; allow only those to lead who are prepared. The teaching requires forty-five minutes. If more than one teacher, equally divide the time between them. Limit discussion to five minutes to each member. Each teacher should quiz on his topic of the preceding meeting as a review and to stimulate general study of the subject.

**Anatomy.**—Discuss those subjects that will undergo morbid changes as a result of the particular disease under consideration, exhibiting gross and microscopic specimens when possible. Demonstrate fresh specimens from the lower animals if those from man are not obtainable.

**Physiology.**—Study the pathologic anatomy and physiology and their relations to symptoms presented.

**Bacteriology.**—Study the morphology and biology of bacteria and the methods of recognizing and differentiating them.

Present clinical cases or brief reports bearing on the subject whenever possible.

**Treatment.**—Study materia medica, pharmacology and therapeutics, exhibiting crude drugs and their U. S. P. and N. F. preparations. Encourage members or classes to carry out experiments on animals in regard to the effects of drugs. Prescription writing, with blackboard demonstration, should be made a prominent feature of the course whenever practicable.

It is insisted that a reporter be appointed by every society, who shall present a digest or review of the recent literature of the subject of study for that month.

Call the meeting to order promptly on time and adjourn on time one hour and a half from the opening. Meetings that drag interminably will cause members to become bored and lose interest more readily than any other cause.

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### Personals.

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Dr. James L. Dibrell has been appointed by Governor George W. Donaghey to succeed his uncle as a member of the Arkansas State Board of Charities.

Dr. J. L. Fleming has moved from Villiage to Goodwin, Ark.

The Council on Health and Public Instruction of the American Medical Association has appointed Dr. J. P. Runyan to give a few lectures at public meetings in some of the adjoining states.

Dr. W. B. Center has moved to Pleasant Plains, Ark.

Dr. J. Vincent Falisi of Little Rock announces the limiting of his practice to stomach, rectal and allied diseases.

## News Items.

The Proctologist, Vol. VI., No. 3. A quarterly journal devoted to this branch of medicine. Contains the papers and discussions of the recent meeting of the American Proctological Society.

The American Surgical Association has appointed a committee consisting of Drs. William L. Estes, South Bethlehem, Pa.; Thomas W. Hunting, San Francisco, Cal.; John B. Walker, New York City; Edward Martin, Philadelphia, and John B. Roberts, chairman, 313 South Seventeenth street, Philadelphia, to report on the operative and nonoperative of closed and open fractures of the long bones and the value of radiography in the study of these injuries. Surgeons who have published papers relating to this subject within the last ten years will confer a favor by sending two reprints to the chairman of the committee. If no reprints are available, the titles and places of their publication are desired.

John B. Roberts, Chairman,  
313 S. Seventeenth St., Philadelphia.

The conference of the National Association for the Study of Pellagra, held in Columbia, S. C., October 3 and 4, adopted the following resolutions:

"1. That the association desires to express its appreciation of the courtesies exhibited by the city of Columbia, by the authorities of the insane asylum and especially by its president, J. W. Babcock, to whose personal energy the success of this meeting has been largely due.

"2. That this association reiterates the belief, formerly expressed, that the ultimate cause of pellagra is unknown, but it is of the opinion that in view of the indictment against 'spoiled corn' measures should be taken by proper enactment to prevent its sale and consumption as food.

"3. That this association expresses the conviction that no satisfying evidence has ever been submitted which shows pellagra to be directly transmitted from man to man; and that in the present state of our knowledge the association regards measures of quarantine and isolation for the disease unnecessary and unwise.

"4. That the association is convinced that there is at present no known specific

remedy for pellagra and any claim made for the efficacy of any especial therapeutic agent must be accepted with great caution.

"5. That this association recognizes pellagra in the United States as a matter of great importance to the national public health and notes with approval the interest of the United States Public Health Service in this subject. It is hoped the Congress of the United States may appropriate sufficient funds for the continued extension of the work."

"6. That the work of the Thompson-McFadden Pellagra Commission is approved and the example of its generous founders commended as worthy of emulation."

## SANITARY SCIENCE AT TULANE UNIVERSITY, NEW ORLEANS, LA.

W. H. P. Creighton, Dean College of Technology.

Three series of courses in Sanitary Science were started at Tulane this session. These courses are for medical, science and engineering students specializing in sanitation. The medical graduate in this course expects to become the health officer on boards of health; the science graduate becomes the expert on sanitary biology, and the engineering graduate will eventually design, build and care for structures for sanitary purposes.

To give courses in sanitary engineering, a university must have departments in medicine and engineering on one campus. Many universities either have no medical department or that department is located in some distant city. Tulane is fortunate in this and many other respects. The engineering and sanitary laboratories are on the same campus; the school of tropical medicine is located at Tulane, the Charity Hospital clinics having over one thousand beds—with its consequent wealth of medical material—is at its service.

The Senior Class of the sanitary engineering course instruction will be given in water supply, framed structures and reinforced concrete construction by Prof. Donald Derickson, recently professor in post-graduate courses in reinforced concrete at Cornell University. Instruction and laboratory work in sanitary microbiology will be given by Prof. Creighton Wellman and his assistants in the school of tropical medicine.

The State Medical Board of the Arkansas Medical Society held their semiannual examination in Little Rock, November 12-13, with the following members present: Drs. George Brown of Conway, F. T. Murphy of Brinkley, F. B. Young of Springdale, J. C. Wallis of Arkadelphia, F. T. Isbell of Horatio and W. S. Stewart of Pine Bluff.

## Seventh Annual Meeting of the Medical Association of the Southwest.

Hot Springs, Ark., Oct. 8, 1912

Meeting called to order by President A. L. Blesh, and on motion, duly seconded and carried, the reading of the minutes of the preceding meeting was dispensed with.

None of the essayists being present, the meeting adjourned until 1 p. m. to take up the morning's program.

FRED H. CLARK, Secretary.

Hotel Eastman, Oct. 8, 1912, 11:30 A. M.

Meeting of the Executive Committee, with the following members present: Drs. A. L. Blesh, St. Cloud Cooper, C. W. Fassett, H. Moulton and Secretary Fred H. Clark.

The Secretary then brought up the question of adopting some journal as the official journal of the society. There was a full discussion of this matter by everyone present.

Also the question of publishing the proceedings in book form. On motion the meeting adjourned to meet on call.

FRED H. CLARK, Secy.-Treas.

Hotel Eastman, Oct. 8, 1912, 1:30 P. M.

Meeting called to order by President A. L. Blesh. The Secretary then read telegrams of regrets from Dr. C. M. Rosser, Dr. H. E. Pearse, Dr. A. E. Horwitz, Dr. T. O. Edgar, Dr. M. L. Perry and Dr. Bacon Saunders.

The first paper to be read was by Dr. Joe Beeton of Greenville, Texas, on the subject, "Does Anchoring the Kidney Relieve the Neurosis?"

Discussion opened by Dr. G. A. Boyle and continued by Drs. Dorsett and A. L. Blesh, and closed by Dr. Joe Beeton.

The Secretary then introduced the following amendment to the By-Laws, as follows:

"Article III, Section 5. If at any time the society shall adopt an official journal, then Section 4 of Article III. shall become null and void."

Dr. W. T. Wootton then announced the social features provided, after which the society adjourned to take up the scientific work in sections and to meet again in general session at 7:30 p. m.

FRED H. CLARK, Secretary.

Arlington Hotel, Oct. 8, 1912, 7:30 P. M.

Called meeting of the Executive Committee, with the following members present: Drs. A. L. Blesh, S. G. Burnett, C. W. Fassett, St. Cloud Cooper, D. A. Myers, S. S. Glasscock, E. H. Carey and Fred H. Clark.

On motion of Dr. E. H. Carey, duly seconded and carried, the Executive Committee decided that future meetings of the association should extend through two consecutive days, the morning session being a general meeting of all the sections in one body, the evening session being devoted to scientific and social features, while the afternoon

sessions are to be section conferences for scientific work.

On motion, duly seconded and carried, the Executive Committee decided to recommend to the association that an official journal be designated for the coming year.

Dr. S. S. Glasscock made a motion that the following proposition of the Medical Herald be accepted:

"The Medical Herald agrees to publish all the proceedings, papers, discussions, etc., of the association for one year, the association to pay the Medical Herald the sum of 50 cents per year for each member whose dues are paid for the coming year, and in return the Medical Herald agrees to furnish to each member as above stated the Medical Herald for one year."

The Auditing Committee appointed to audit the Secretary's books was as follows: Drs. C. W. Fassett, S. S. Glasscock and E. H. Carey.

The committee then adjourned until October 9, 8 a. m.

FRED H. CLARK, Secretary.

Hotel Eastman, Oct. 8, 1912, 8 P. M.

The following members of the Nominating Committee were reported from each State delegation:

Kansas—Drs. S. S. Glasscock, J. E. Sawtelle, C. C. Nesselrode, J. H. Johnson and J. W. May.

Arkansas—Drs. H. P. Collings, Z. N. Short, J. Chesnutt, H. Moulton and R. Q. Patterson.

Texas—Drs. J. E. Gilcrest, M. L. Graves, Joe Beeton, K. H. Beall and E. H. Carey.

Missouri—Drs. C. W. Fassett, T. A. Coffelt, W. B. Dorsett, Howard Hill and E. G. Mark.

Oklahoma—Drs. E. H. Troy, D. A. Myers, G. A. Boyle, E. E. Rice and T. C. Sanders.

The Secretary announced that the Executive Committee will meet Wednesday morning at 9 o'clock in the parlor of the Arlington Hotel and that the Nominating Committee will meet in the committee room of the Hotel Eastman at 7 p. m., Wednesday, October 9, 1912.

The President then introduced Dr. Frank Allport of Chicago, who read a very interesting paper on "Railroad Hospital Associations."

Dr. M. L. Graves then delivered the oration on medicine, using the title, "Some Experimental Studies in the Treatment of Typhoid Fever With a Low Caloric Value." Following Dr. Graves, Dr. J. F. Binnie gave a most interesting oration, using as his subject, "Surgical Vagaries and Old Wives' Tales."

The chairman of the Committee on Arrangements announced that during the course of the meeting the courtesies of all the bath houses were extended to all visiting physicians, the only identification necessary being the membership badges.

On motion the meeting adjourned until 9 a. m., October 9, 1912.

FRED H. CLARK, Secretary.

Meeting of Executive Committee at Hotel Eastman at 8 a. m., with the following members present: Drs. A. L. Blesh, S. S. Glasscock, C. W. Fassett, St. Cloud Cooper, D. A. Myers, E. H. Carey and F. H. Clark.

A general discussion of the work was taken part in by all present. The Secretary was instructed to report the recommendations adopted by the committee as the report of the committee.

The Auditing Committee reported they had examined the Secretary's report and books and had found them correct.

The committee then adjourned.

FRED H. CLARK, Secretary.

Hotel Eastman, Oct. 9, 1912.

Meeting of the association called to order by the President.

The first paper of the morning was by Dr. D. A. Myers of Lawton, Okla., on "Fee Splitting." This was discussed by Drs. Glasscock, Jackson and others. Dr. E. G. Mark then followed with a paper on "What Shall Be Done for the Prostatic?" which was liberally discussed.

The President then delivered his annual address, using as his subject, "What Does the Medical Association of the Southwest Signify?"

Dr. C. Travis Drennen presented a communication from Hon. Frank Williams, asking that this association adopt strong resolutions against the public drinking cup. On motion, duly seconded and carried, the communication was received and referred to the Committee on Resolutions.

Following the President's annual address, the symposium on "Ectopic Gestation" was taken up, the first being an illustrated paper by Dr. H. S. Crossen of St. Louis on the "Diagnosis of Extra-Uterine Pregnancy," this being followed by Dr. Walter B. Dorsett of St. Louis, who spoke on the "Treatment of Extra-Uterine Pregnancy."

A liberal discussion of the papers followed, after which, on motion, duly seconded and carried, the President was authorized to appoint a committee of three to consider the question of division of fees and to report at the next annual meeting, and a committee of three on our relation to the A. M. A.

On motion the association adjourned until 7 p. m.

FRED H. CLARK, Secretary.

Hotel Eastman, Oct. 9, 9:30 P. M.

General meeting of all the sections called to order by the President, A. L. Blesh.

Dr. Bransford Lewis of St. Louis was introduced and delivered an unusually interesting address on "Illustrating Genito-Urinary Surgery," using the stereopticon to illustrate methods of examinations, operation, etc.

The Secretary announced the meeting of the Executive Committee for October 10, at 8 a. m., and urged that every member be present promptly at that time, as many of the delegates had expressed a desire to try to finish the program by noon of October 10.

At the close of Dr. Lewis' address, Dr. L. A. Marty of Kansas City exhibited some interesting stereopticon views, showing the use of the X-ray in diagnosing abdominal conditions.

After the President had appointed the Secretary, F. H. Clark, a committee of one to ascertain the relation of the association to the A. M. A., and Drs. Jabez N. Jackson, William Frick, Howard Hill, C. C. Conover and F. W. Froehling a Committee on Division of Fees, to report at the next annual meeting, a Committee of Resolutions, consisting of C. W. Fassett, G. A. Boyle and D. A. Myers, was appointed, after which the meeting adjourned.

FRED H. CLARK, Secretary.

Hotel Eastman, Oct. 10, 9 A. M.

## GENERAL BUSINESS SESSION.

Meeting called to order by Dr. A. L. Blesh, President.

The Secretary-Treasurer then presented the following as his report for the ensuing year:

Balance on hand last report.....	\$ 62.45
Received from annual dues.....	534.00
Received from sundry sources.....	4.00
Total .....	\$600.45

## Expenditures.

Voucher No. 17.....	\$ 99.05
Voucher No. 18.....	20.00
Voucher No. 19.....	41.35
Voucher No. 20.....	124.09
Voucher No. 21.....	80.51
Voucher No. 22.....	75.00
Voucher No. 23.....	20.50
Voucher No. 24.....	3.00
Voucher No. 25.....	25.41
Voucher No. 26.....	91.25
Balance on hand.....	20.38

Total .....\$600.45

Unpaid bills on transactions.....\$171.00

All of the above vouchers duly approved and signed by the President.

Your committee appointed to audit the books and report of the Secretary-Treasurer beg leave to report that we have carefully audited the accounts and report and find the same to be correct.

(Signed) E. H. CAREY,  
C. W. FASSETT,  
S. S. GLASSCOCK,  
Committee.

On motion, duly seconded and carried, the above report was accepted and adopted.

The Executive Committee then reported as follows:

1. The committee recommend that the future annual meetings be limited to two days.
2. We recommend that the annual dues be made \$3.00 per annum.
3. That because of the large demands upon the State Journals, made necessary by the increasing work in each State, that some Journal be designated as the official Journal of this society.
4. That this society accept the proposition made by the Medical Herald to publish the proceedings and discussions of this society for one year, the editor agreeing to mail the Herald to each member of the association whose dues are paid for the current year, they to receive the sum of 50 cents per year for each member, as above stated.
5. That the morning session of each day shall be a general session of all the sections in one body. The evening session shall be a general session, with one speaker or orator, after which the balance of the evening may be given up to social features. Each afternoon the different sections shall meet separately for scientific work.
6. We recommend that the Secretary be allowed \$100.00 per annum for clerical help.

We recommend that the following names, each of whom states that he is a member in good standing in his State association, be elected to active membership in this association.

Dr. K. H. Aynesworth, Waco, Tex.  
Dr. Theo. A. Coffelt, Springfield, Mo.  
Dr. Jules M. Brady, St. Louis, Mo.  
Dr. W. S. Winter, Sr., Port Arthur, Tex.  
Dr. T. O. Crawford, Beggs, Okla.  
Dr. O. E. Biggs, Hot Springs, Ark.  
Dr. W. H. Luedde, St. Louis, Mo.  
Dr. Ira H. Erwin, Newport, Ark.  
Dr. E. Lee Dorsett, St. Louis, Mo.  
Dr. W. R. Black, Little, Okla.  
Dr. L. H. Lanier, Texarkana, Ark.  
Dr. W. E. Chelton, Fort Worth, Tex.  
Dr. J. M. Turner, Hoyt, Okla.  
Dr. H. L. Hilgartner, Austin, Tex.  
Dr. Albert Smith, Parsons, Kan.  
Dr. James H. Chesnutt, Hot Springs, Ark.

Dr. J. Ellis Jennings, St. Louis, Mo.  
 Dr. C. H. Neilson, St. Louis, Mo.  
 Dr. W. G. Kiebler, Goltry, Okla.  
 Dr. J. E. Phillips, Lexa, Okla.  
 Dr. L. A. Marty, Kansas City, Mo.  
 Dr. T. M. Paul, St. Joseph, Mo.  
 Dr. A. T. Hill, Tamaha, Okla.  
 Dr. J. V. Randolph, Hot Springs, Ark.  
 Dr. J. B. Shaw, Hot Springs, Ark.  
 Dr. S. B. Steele, Hot Springs, Ark.  
 Dr. A. L. Skoog, Kansas City, Mo.  
 Dr. John W. Fewkes, Hot Springs, Ark.  
 Dr. D. A. Walker, Hot Springs, Ark.  
 Dr. E. D. Holland, Hot Springs, Ark.  
 Dr. R. Q. Patterson, Augusta, Ark.  
 Dr. E. E. Rice, Shawnee, Okla.  
 Dr. P. L. Sanders, Carnegie, Okla.  
 Dr. H. C. Burson, Maple City, Kan.  
 Dr. H. S. Steele, Pittsburg, Kan.  
 Dr. J. M. Proctor, Hot Springs, Ark.  
 Dr. J. A. Robertson, Hot Springs, Ark.  
 Dr. S. D. Weil, Hot Springs, Ark.  
 Dr. J. W. Bush, Hot Springs, Ark.  
 Dr. E. P. Bledsoe, Little Rock, Ark.  
 Dr. Robert Caldwell, Little Rock, Ark.  
 Dr. A. W. Nash, Dallas, Tex.  
 Dr. A. M. Mayfield, Shuler, Ark.

Respectfully submitted,

#### THE EXECUTIVE COMMITTEE.

On motion, duly seconded and carried, the report of the committee was accepted and adopted.

Report of the Nominating Committee, by Dr. Z. N. Short, as follows:

For President, Dr. W. T. Wootton, Hot Springs, Ark.

For Vice President, Dr. W. B. Dorsett, St. Louis, Mo.

For Vice President, Dr. E. H. Carey, Dallas, Tex.

For Vice President, Dr. J. H. Barnes, Enid, Okla.

For Vice President, Dr. C. C. Nesselrode, Kansas City, Kan.

Secretary-Treasurer, Dr. Fred H. Clark, El Reno, Okla.

Members of the Executive Committee for three years:

Dr. S. G. Burnett, Kansas City, Mo.

Dr. Joe Becton, Greenville, Tex.

Dr. W. E. Dicken, Oklahoma City, Okla.

Dr. R. S. Magee, Topeka, Kan.

Dr. Z. N. Short, Hot Springs, Ark.

Place for annual meeting for 1913, Kansas City, Mo.

Chairman of Committee on Arrangements, Dr. E. G. Mark, Kansas City, Mo.

On motion, duly seconded and carried, the report was accepted and adopted, and the officers declared duly elected.

On motion, duly seconded and carried, the name of Dr. George Halley of Kansas City was ordered entered upon the records of this association as an honorary member.

The business of the session being completed, the scientific work was resumed by a paper on "Abortion," by Dr. H. O. Leonard of Kansas City, Mo., which was liberally discussed.

This was followed by a splendid paper by Dr. E. H. Martin of Hot Springs and one by Dr. R. L. Sutton of Kansas City, Mo., on "The Possible Interrelationship of Infectious Dermatitis, Dermatitis Repans and Acrodermatitis Perstans." Dr. L. J. Moorman of Oklahoma City presented a paper on "The Value of Tuberculin in Diagnosis." This was discussed by a number of members.

Next came a paper by Dr. E. P. Bledsoe of Little Rock, Ark., on "A Plea for the Early Recognition of Certain Nervous and Mental Conditions."

The discussion was opened by Dr. S. G. Burnett of Kansas City, Mo.

The following resolutions were presented by the Committee on Resolutions:

Whereas, In view of the fact that annually thousands of lives are endangered and thousands die from preventable diseases; and

Whereas, We deem the common or public drinking cup one of the common causes and methods of spreading disease, we, the Medical Association of the Southwest, do hereby

Resolve, That we condemn the use of the common or public drinking cup, and do hereby commend the efforts of the Hon. Frank Williams to secure in his State such legislation as will no longer make it lawful to use such a cup, and urge upon the citizens of Arkansas their support of the efforts which are put forth by their senator as of great public good.

Be it also Resolved, That we extend to the profession and citizens of Hot Springs our sincerest thanks for all the kindness and hospitality shown to the members and their wives in making our stay in the city a most delightful one; to the press for their kindness; to the management of the Eastman Hotel for the great favor in furnishing us such a magnificent meeting place; to the Arlington Hotel for their kindness in allowing us to use the hotel for headquarters; to each member of the local profession of Hot Springs for their untiring efforts to make our stay in their city one long to be remembered, and to everyone who has in any way contributed to the success of this meeting, especially to the owners of the bath houses for extending to the members the courtesies of the baths while in the city.

Respectfully submitted,

C. W. FASSETT,  
 D. A. MYERS,  
 G. A. BOYLE,

Committee.

On motion, duly seconded and carried, the above resolutions were adopted and ordered spread upon the minutes of the association.

The next in order was a most excellent paper by Dr. Jules M. Brady of St. Louis on "Relation of the Infant to Food." Dr. Brady also illustrated his paper by the use of stereopticon slides, making a strikingly practical showing by means of charts on the relation of the infant to food. After the discussion of this paper, Dr. E. H. Eastman of Hot Springs read a paper on "Hereditary Syphilis," which was also liberally discussed.

The retiring President appointed Dr. S. G. Burnett to escort the newly elected President to the chair and present him to the association. Dr. Wootton expressed his thanks to the members for the honor bestowed upon him, after which the meeting adjourned to meet in Kansas City, Mo.

FRED H. CLARK, Secretary.

In addition to the work done in the general sessions, the following is a report of the work done in the scientific sections:

On account of there being more general sessions held than usual, the number of meetings of each of the scientific sections was considerably reduced; but the interest manifested in the section work was fully as great as ever and every paper read brought forth a generous discussion.

In the Section on Medicine the papers and subjects were as follows: "The Necessity of Gastric and Stool Analysis in Digestive Disorder," by Dr. E. D. Holland of Hot Springs; "The Proper Lubricant and How to Use It in Urethral Instrumentation," by Dr. T. M. Paul of St. Joseph, Mo.; "Cerebro-Spinal Fluid Diagnostics," by Dr.

A. L. Skoog, Kansas City, Mo.; "Pellagra," by Dr. K. H. Beall, Fort Worth, Tex.; "Cell Pathology, Alcoholism and Morphinism," by Dr. S. G. Burnett of Kansas City, Mo.; "The U. S. P. and National Formulary," by Dr. E. C. Eberle, Dallas, Tex.; "Personal Observations Upon the Use of the Caloric Methods in Infant Feeding," by Dr. Frank C. Neff, Kansas City, Mo.; "La Grippe, Some of Its Most Important Manifestations and Complications," by Dr. Clarence E. Lee of Oklahoma City, Okla.; "Cerebro-Spinal Meningitis," by Dr. A. W. Nash, Dallas, Tex., and "Acidosis," by Dr. O. H. Brown of St. Louis, Mo.

It was very unfortunate that the Kansas City men were obliged to leave early to catch a train, making it impossible to have the symposium on "Diseases of the Stomach."

#### Eye, Ear, Nose and Throat.

In this section the essayists and subjects were: "Report of Malignant Tumors Treated by the Starvation Method," by Dr. E. H. Carey of Dallas, Tex.; "Syphilis of the Nose and Throat," by Dr. Robert Caldwell of Little Rock, Ark.; "The Surgical Tonsil," by Dr. J. H. Barnes of Enid, Okla.; "Luxation of the Lens Following Traumatism," by Dr. R. S. Magee of Topeka, Kan.; "Bronchoscopy, Esophagoscopy, Further Report of Cases," by Dr. R. H. T. Mann of Texarkana, Ark.; "Diplo-Bacillus Infection of the Eye," by Dr. Joseph Lichtenberg, Kansas City, Mo.; "Sub-Mucous Operation for the Correction of Deviated Nasal Septa," by Dr. Theo. A. Coffelt of Springfield, Mo.; "Diagnosis of the Diseases of the Optic Nerve," by Dr. L. H. Lanier, Texarkana, Ark., and the Removal of Senile Cataract Before Maturity," by Dr. J. Ellis Jennings of St. Louis, Mo.

Following this the section adjourned after electing officers as stated elsewhere.

#### Section on Surgery.

The Surgical Section was well attended and a number of exceedingly interesting papers were presented and freely discussed. The following is the list of the subjects and authors: "X-Ray Diagnosis of Stomach and Intestinal Lesions," read by Dr. L. A. Marty of Kansas City, Mo.; "A Plea for Larger Abdominal Incisions and Less Drainage," by Dr. W. E. Dicken of Oklahoma City, Okla.; "The Treatment of Infections," by Dr. E. H. Troy, McAlester, Okla.

Dr. W. H. Stauffer of St. Louis presented a paper on "Needless Traumatism in Rectal Surgery," and Dr. C. C. Nesselrode of Kansas City, Kan., one on "Etiology, Pathology and Diagnosis of Gall Bladder Affections." These were followed by papers by Dr. C. S. Pettus of El Dorado, Ark., on "The Fallacy in Surgery;" Dr. R. T. Edwards of Oklahoma City on "A Case of Urethritis With Prostatic Involvement," and one by Dr. C. Blickensderfer of Shawnee, Okla., on "The Treatment of Compound Fractures."

The section, after electing officers for the coming year, adjourned.

#### Directory of Officers and Committees for 1913.

President, Dr. W. T. Wootton, Hot Springs, Ark.  
Vice President, Dr. W. B. Dorsett, St. Louis, Mo.  
Vice President, Dr. E. H. Carey, Dallas, Tex.  
Vice President, Dr. J. H. Barnes, Enid, Okla.  
Vice President, Dr. C. C. Nesselrode, Kansas City, Kan.

Secretary-Treasurer, Dr. F. H. Clark, El Reno, Okla.

#### Executive Committee.

Missouri—Dr. S. G. Burnett, Dr. C. W. Fassett, Dr. J. D. Griffith.

Kansas—Dr. R. S. Magee, Dr. J. D. Riddell, Dr. S. S. Glasscock.

Arkansas—Dr. Z. N. Short, Dr. E. H. Martin, Dr. St. Cloud Cooper.

Texas—Dr. Joe Becton, Dr. Bacon Saunders, Dr. W. A. Wood.

Oklahoma—Dr. W. E. Dicken, Dr. D. A. Myers, Dr. J. H. Scott.

#### Committee on Relation to A. M. A.

Dr. F. H. Clark.

#### Committee on Ethical Practice.

Dr. Jabez N. Jackson, Dr. Howard Hill, Dr. William Fisk, Dr. C. C. Conover, Dr. F. W. Froehling.

#### Section on Medicine.

Chairman, Dr. F. C. Neff, Kansas City, Mo.; Vice Chairman, Dr. George A. Boyle, Enid, Okla.; Secretary, Dr. C. C. Conover, Kansas City, Mo.

#### Surgical Section.

Chairman, Dr. J. F. Binnie, Kansas City, Mo.; Vice Chairman, Dr. W. B. Dorsett, St. Louis, Mo.; Secretary, Dr. D. A. Myers, Lawton, Okla.

#### Section on Eye, Ear, Nose and Throat.

Chairman, Dr. J. E. Sawtelle, Kansas City, Mo.; Vice Chairman, Dr. J. H. Barnes, Enid, Okla.; Secretary, Dr. J. F. Rowland, Hot Springs, Ark.

## District Medical Societies.

### FIRST DISTRICT MEDICAL SOCIETY.

The First District Medical Society met in Jonesboro on October 8. Dr. G. A. Warren of Black Rock, the president, in the chair. For his address he chose the subject "Organization and the Work of County Societies," and it was deemed so meritorious as to be ordered printed in the county papers for the benefit of those unable to be present. The following papers were read and discussed:

"Acquired Immunity and Serum Therapy," Dr. J. Lamb, Beech Grove.

"Tracheotomy," Dr. H. R. McCarroll, Walnut Ridge.

"Glenard's Disease," Dr. John L. Jelks, Memphis, with a report of a case and X-ray illustration of the coloplastic condition.

#### OPEN SESSION IN THEATER.

In the afternoon an open session was held in the Princess Theater, and papers of interest to the general public were read and lectures delivered as follows:

"Problems of the South, or Railway Right of Way, Car and Municipal Sanitation," Dr. John L. Jelks, Memphis.

"Pellagra," lecture by Dr. William Kraus, Memphis.

"Hookworm," illustrated lecture by Dr. C. W. Garrison, Little Rock.

With the presence and co-operation of distinguished visiting physicians and the public meeting, this session was declared the best the society has ever held.

#### ELECTION OF OFFICERS.

Officers for the ensuing year were elected as follows: President, Dr. B. F. Walker, Nettleton; vice president, Dr. R. E. Bradsher, Marmaduke; secretary-treasurer, Dr. Olive Wilson, Paragould.

#### THIRD DISTRICT MEDICAL SOCIETY.

The Third District Medical Society, composed of the counties of Arkansas, Cross, Lonoke, Lee, Phillips, Prairie, St. Francis and Woodruff, held their fifth annual meeting in Wynne October 29 and 30. Dr. T. J. Stout of Brinkley, the president, in the chair.

The scientific session continued two days, with one night session consisting of twenty-eight papers, and was declared to be the most interesting meeting ever held in this district.

Visiting physicians from Little Rock in attendance were Drs. J. P. Runyan, R. L. Saxon, C. E. Bentley, Robert Caldwell, C. W. Garrison, C. P. Meriwether and William R. Bathurst.

The following officers were elected: President, Dr. W. H. McKie, Wynne; secretary, Dr. B. L. Hill, Stuttgart.

The next meeting will be held in Cotton Plant.

### County Societies.

#### Lawrence County.

(Reported by Dr. J. H. Stidman, Sec'y.)

Walnut Ridge, October 19.—The Lawrence County Medical Society met in this city Wednesday, October 2. Members present: Warren, Neece, Ball, Thomas, Craig, Hatcher, Hughey, McCarroll, Swindle and Stidman.

The scientific session was as follows:

"Etiology of Typhoid Fever," by Dr. M. S. Craig.

"Symptomatology of Typhoid Fever," by Dr. C. C. Ball.

A liberal discussion followed the reading of both papers.

The society adopted a resolution prohibiting any member doing practice for any society or fraternal organization for a certain specified sum for an unlimited amount of service.

### Book Reviews.

**A Manual of Auscultation and Percussion, Embracing the Physical Diagnosis of Diseases of the Lungs and Heart, and of Thoracic Aneurysm, and of Other Parts.** By Austin Flint, M. D., LL. D., late Professor of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, etc., New York. Revised by Haven Emerson, A. M., M. D., Associate in Physiology and in Medicine, College of Physicians and Surgeons, Columbia University, New York. 12mo., 361 pages; illustrated. Cloth, \$2.00 net. Lea & Febiger, Philadelphia and New York, 1912.

The revision and publication of this classic should be a source of gratification to every physician, for since its original appearance it has been recognized as a masterpiece of clarity and precision by one of the greatest of American teachers. To Prof. Flint's advocacy more than to anything else is due the adoption in this country of the present methods of physical examination. The striking feature of his writings on physical diagnosis was the absence of theoretical speculation on the causation of signs. The importance of variations in pitch, which was his own discovery, was explained by him in the simplest manner. By a strict adherence to facts, he gave to his writings an enduring worth, so that it has been possible with but few changes to bring this "Auscultation and Percussion" up to the present state of the science. In this new edition the scope of the book has been widened by the addition of chapters on the examination of the abdominal viscera and of the nervous system.

**A Treatise on Fractures and Dislocations.** By Lewis A. Stimson, B. A., M. D., LL. D., Professor of Surgery in Cornell University Medical College, New York. New (seventh) edition, thoroughly revised. Octavo, 930 pages, with 459 engravings and 39 plates. Cloth, \$5.00 net. Lea & Febiger, publishers, Philadelphia and New York, 1912.

As all physicians are called upon, sooner or later, to treat fractures and dislocations, and as lawsuits are peculiarly likely to arise from faulty management of these injuries, every doctor owes it to himself to have at hand the work which is recognized as the final authority by the medical and legal professions and also by the courts. Besides a thorough revision for this edition, the treatment of old dislocations and the operative treatment of recent fractures have received special attention, and over one hundred new illustrations have been added.

# THE JOURNAL

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No. 7

WILLIAM R. BATHURST, M. D., *Editor*

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Dr. Jas. A. Foltz, Fort Smith.

This is the official Journal of the Arkansas Medical Society. All communications should be addressed to the Journal of the Arkansas Medical Society, State Bank Building, Little Rock, Ark.

### Original Articles.

#### A REPORT OF CAESAREAN SECTION AND A PORRO CAESAREAN SECTION.\*

By William V. Laws, M. D.,  
Hot Springs.

It is not our intention to discuss the subject of Caesarean section in this paper, but simply to briefly record the clinical data, together with treatment and results in two cases, which came under our care during the last two and one-half years.

Case 1. Mrs. M. A. G., age 29 years, 11 months. A typical, well-developed midget, being only thirty-two inches in height, and whose usual weight was about thirty-six pounds. Our little patient went through an absolutely normal pregnancy. She had a trace of albumen in her urine during the last six weeks, previous to the operation.

Dr. E. H. Ellsworth, my associate, to whom I am indebted for the case, made an examination of the pelvis and reports as follows:

Interspinous .....	16½ C. M.
Intercrietal .....	20½ C. M.
Bi-troch .....	25 C. M.
Diagonal conjugate.....	7 C. M.

It can be observed the above measurements coincide with each other, consequently the diagnosis of generally contracted or true dwarf pelvis was made.

She was sent to the Ozark sanatorium, where she was kept under constant observation for three weeks. She had slight false pains and distress a few days preceding labor. On December 17, 1909, first pain began about 6 a. m., rupture of membrane occurred at 6:30 a. m.

She was given the usual preparation for abdominal section and was placed upon the operating table shortly before 9 a. m. A medium abdominal incision and a longitudinal incision in the anterior wall of the uterus was made.

No constrictors were placed around cervix, as is often recommended in text-books, but my assistant made digital compression of the uterine and ovarian arteries until after the placenta had been removed, and uterine contraction had set up.

The little patient took ether kindly; very little hemorrhage was encountered; the uter-

\*Read in the Section on Obstetrics and Gynecology of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

us contracted nicely, and was sutured in three planes, using thirty-day catgut throughout.

The abdominal incision was closed by three layer sutures and the patient placed in bed in good condition, being in the operating room only about thirty minutes.

The child, a female baby, weighing six pounds, did not need any resuscitation, and was placed immediately in an improvised incubator and has had no special trouble since birth. I called to see the mother at 2 o'clock p. m., found her in what I considered most excellent condition, the nurse reporting that she had not had any ether nausea. While I was standing at the bedside talking to her, she was suddenly taken with dyspnea and restlessness; her pupils dilated, and she died within ten minutes, evidently from a pulmonary embolism.

Case 2. Mrs. H. F., a primipara, age 40; having removed to Hot Springs from Texarkana, came under my care through the kindness of Dr. T. F. Kittrell.

During the early months of her pregnancy she had consulted Dr. T. F. Kittrell and Dr. C. A. Smith in Texarkana, and the diagnosis of pregnancy, complicated by a fibroid tumor of the uterus, was made.

A guarded prognosis was given her in regard to the probability of her going to full term.

When she came under my care in June, 1911, I could easily make out a larger tumor situated anteriorly above the symphises pubis, besides two smaller nodules high up on the uterine wall. She was having no unusual discomfort. Her urine was examined every day, but remained normal throughout the entire time.

I anticipated trouble of some kind when labor should begin, so I got her consent to go to the Ozark sanatorium, where I could keep her under constant observation during the last month of pregnancy.

She began having pains on August 30, 10 a. m. The pains were not regular, but continued off and on during the day. At 5 p. m. dilatation was sufficient to enable me to make out a shoulder presentation. After consulting with Dr. Ellsworth, we decided that the safest plan of treatment, both for mother and child, would be a porro-Caesarean section, knowing that the uterus would have to be removed at a later date, even if we should succeed in bringing about

delivery in the usual way, which was very doubtful, owing to the obstruction caused by the large fibroid tumor. After being thoroughly prepared she was taken to the operating room.

After making a median abdominal incision it was found that the incision in the uterus had to be made on the left side, so as to escape the anterior tumor. The child, a female baby, weight eight pounds, was delivered and cord clamped and turned over to Dr. James Chesnutt, who worked for about ten minutes in resuscitating the infant before it breathed satisfactorily. The child was fully developed, and has had no other trouble since birth. In this case it was the intention to remove the uterus; large clamps were placed on both broad ligaments which controlled both the ovarian and uterine hemorrhage.

After the delivery of the child a supravaginal hysterectomy was done, ligating the large vessel with silk and closing over the stump with two layers of catgut sutures. A rubber tube was placed in lower angle of wound and abdominal wound closed by layer suturing.

This patient had a smooth convalescence, and mother and child are in excellent health today.

#### DISCUSSION.

Dr. Chesnutt (Hot Springs)—I was very much interested in Dr. Laws' paper, because I happened to see both operations. I do not know that I can add anything to what he has said, except that in the first case it was a case in which you could really say that "the operation was a success, though the patient died." The child is still here and the fate of the mother is one of those unfortunate things that occur at some time in the experience of every surgeon. I went to see the patient. I was at the hospital perhaps an hour after the operation. She came out from the anesthetic and talked rationally. Her pulse was about 96 to 100, and her condition seemed to be good in every way, and it certainly was a most unfortunate occurrence that pulmonary embolism resulted.

The last few years we have had very few cases of pulmonary embolism in Hot Springs. I remember that Dr. Laws and I saw together a boy who had typhoid fever. He was thought to have had a typhoid perforation, but on examination (he was unconscious at the time) both of his femoral saphenous veins had large clots in them and he died a few moments after we saw him, from the effect of a pulmonary embolus.

Dr. Abner H. Cook (Hot Springs)—It occurred to me while listening to Dr. C. W. Allen's paper yesterday, and to Dr. Laws' paper just read, that in conservative Caesarean section the use of the aluminum clamps that were exhibited by Dr. Allen would be of great value, preventing hemorrhage, emboli and avoiding injury to the uterine artery. Dr. Allen stated that experimentation had shown

that the clamps could be left in position for 72 hours without permanent injury to the intima.

Dr. Ogden (Little Rock)—I would like to ask if, in the first case, the case of the midget, were the tubes resected?

Dr. Laws (Essayist)—In answer to the doctor's question I will state that the tubes were not resected, for the reason I could not obtain permission to do so. It is possible that if a porro-Cacsarean section had been done on the first case pulmonary embolism would not have ensued and the patient would be living today. However, that is problematic. At the present time I would be inclined to do a porro operation instead of a resection of the tubes in a similar case, provided the patient's condition would justify the extended operation.

## SARCOMA OF THE NASO-PHARYNX.\*

By R. C. Dorr, M. D.,  
Batesville.

I shall make this paper very brief, only attempting to boil down a few practical points.

Malignant disease having its origin in this region would seem to be of exceedingly rare occurrence. Of the two forms, sarcoma is met with much more frequently than carcinoma; but I shall adhere to the title of my paper, and treat only of sarcoma.

According to Bosworth, up to 1889 there had only been nineteen cases reported of sarcoma of this region. How many have been reported since I am unable to say.

Sarcoma is usually regarded as belonging to the early period of life. This is true as compared with carcinoma, and yet in the nineteen cases reported by Bosworth the ages were as follows:

Between 1 and 10 years of age.....	2
Between 10 and 20.....	5
Between 20 and 30.....	3
Between 30 and 40.....	2
Between 40 and 50.....	7

Etiology: Sarcoma of the naso-pharynx is not of common occurrence. It is found more frequently in males than females, more often between the ages of forty and fifty than at any other time in life, although it may occur early in life, one case reported occurring at one year of age. The tumor has its origin in the submucosa of the mucous membrane lining the basilar process of the occipital bone. The growth, which usually extends downward, is lobulated and irregular, and, as it is of the small, round-celled variety, extends rapidly and soon in-

volves the pharynx. As a rule, the bony structures are not implicated, although in some cases such involvement does occur.

The tumor is soft and fungoid in character, and rapidly invades the lower pharynx, although it may extend upward and involve the sphenoid or ethmoid sinus, or forward, involving the maxillary sinus.

One thing to remember in regard to sarcoma is, it has no true capsule.

The diagnosis is made by the clinical symptoms and by the microscope. In early life sarcoma runs a rapid course, as it is usually of the small, round-cell variety. If it be of the large-cell, it will invade adjacent structure slowly, and the forecast as to prolongation of life is more favorable. The prognosis, however, as to thorough eradication is markedly unfavorable.

Treatment: Statistics show that the radical operation gives a high mortality. Besides, should relief be given at the time, there is a marked tendency to recurrence. Patient's general health should be sustained by general tonics, preferably arsenic.

The authorities I consulted recommend removal by curetts, snares, etc.

I will give you the method of treatment I use and the symptomatology by the report of the following case:

I was asked, March 30, 1910, to examine Miss S., age twelve years, with the following history: Family history, negative as regards hereditary disease. Had had usual diseases of childhood. Had been treated nine months previously for catarrh of the nose. I found the following conditions: Left side of nose completely stopped up, with purulent discharge flowing from that side of the nose. Exophthalmus of left eye. Both middle ears infected and discharging. Soft palate pushed forward; difficult breathing. A tumor in the naso-pharyngeal space.

She was brought to my office on December 30, 1910, and I removed a tumor with my finger, with gauze around it, about an inch and a half in diameter. It was attached to the basilar process and the septum.

From the gross appearance, I diagnosed it to be sarcoma. By kindness of Dr. J. W. Case of Batesville, a specimen was sent to his daughter, Miss Jo, who was studying pathology in St. Louis, at the Washington University Medical School, and was diag-

\*Read in the Section on Surgery of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

nosed giant-cell sarcoma by Dr. George Smith, assistant pathologist.

After giving her a cleaning lotion for her ears and nose, I sent her home, expecting her to die. On May 12, 1911, she was brought back to my office, and I removed a similar tumor. September 18, 1911, I removed another. December 11, 1911, another smaller one. April 6, 1912, still another, not as large as the last. I have never explored the antrum to see what the nature of the trouble is. It does not seem to have impaired her general health at all.

I herewith show you her picture, which shows the exophthalmus and slight facial paralysis of the left side. I hope to make a report of the final termination of this case.

#### DISCUSSION.

Dr. Caldwell (Little Rock)—My experience in sarcoma of the naso-pharynx is very limited. The results in the cases I have had are not very flattering in the least. I have had four cases of sarcoma of the naso-pharynx. The first case I had in general practice started in the left side of the nose. I refused to do anything for it, but referred it to a surgeon and pathologist. Diagnosis was made of a small, round cell sarcoma, and it came back and I waited on it until it died. I think it died in about six months. I was called about a year ago to the Physicians' and Surgeons' Hospital to see, with Dr. Meriwether, a man who six months previously had had a growth removed from the left side of the nose. Now he had complete obstruction of the nose. He had all over his body from twenty to fifty tumors underneath the skin about the size of English walnuts. One of these was excised and examined and pronounced a small, round cell sarcoma. We sent the man home, and he lived two or three months. We did not do a thing. The other case is a case that I saw last summer before I went to New York. He went to another operator, who refused to operate on him. He is living yet. I got a letter from them last week and they say the boy is an awful looking sight.

As far as the treatment is concerned, I looked up the treatment a little last summer. Some of them are now doing something in New York with these cases from the toxine treatment; but I saw several of them that were taking the toxine treatment, and none that I saw were getting any benefit. I believe our benefits in these cases will come from the bacterins or the glandular extracts.

I think Dr. Dorr's operation was indicated. I think he did the right thing, because he undoubtedly gave that patient relief, and if I had seen the case I would have removed that tumor as many times as I could if it gave the patient relief each time. I want to commend him for his paper.

Dr. Vinsonhaler (Little Rock)—I had two cases which came from the vault of the pharynx. The first case was a man aged 45 who came with a history of a growth in the upper portion of the throat, accompanied with pain. Examination revealed the presence of a small tumor, a little bit smaller perhaps than my thumb, a little to one side of the median line of the vault of the pharynx. Owing to the man's age and the presence of pain, diagnosis of possible malignancy was made, though

at that time it was impossible to determine what the nature of the tumor was, whether it was carcinoma or sarcoma. But the weight of the evidence was, of course, in the direction of sarcoma. The possible nature of the growth was explained to him, and operation was not advised. He consulted other physicians and was placed under treatment of iodide of potassium, and I believe several other surgeons declined to operate. As far as I know, no microscopical examination was made. The growths increase in size until they ultimately invade the adjoining structures, and death results.

The only other case I saw was in the last stages. A negro boy seventeen years of age. In that case it was only a short time before death.

I believe it is regarded that surgical interference in these cases is not advised. The growth is almost certain to invade other structures, and surgical prognosis is very gloomy.

Dr. W. T. McCurry (Little Rock)—I cannot call to mind but one case that it was either my pleasure or misfortune to see in the Vienna General Hospital last year. I saw the most extensive operation of the head and upper part of the pharynx that I ever remember seeing. It seemed to me as if they chiseled away everything except the man's eyes, ears and nose, and then they said they thought he would die! He did die in about ten minutes after they got him off the table.

In my general practice I remember seeing one case that I refused to have anything to do with. I was afraid it would kill him. However, we had a section made and it proved to be a small cell sarcoma. My associate and I refused to do anything. In about three months the man died.

Dr. Reder (St. Louis, Mo.)—I am prompted to a remark just by the words of the speaker. Every surgeon who is a surgeon must possess a surgical conscience. If he does not possess that quality of heart and soul, he has no right to wield a scalpel. You listened to the remarks of the speaker, where the surgeon dissected away practically everything excepting the eyes and the ears. That was a surgical exercise uncalled for, knowing the character of the trouble he was dealing with. You all know that the present state of carcinomatous disease gives us very little encouragement when compared to the amount of work and research that has been done in this particular field, and the only hope that we entertain is to get the cancerous condition early enough and in a locality favorable for an operative measure that will not only remove the disease, but will also permit the invasion upon healthy tissues. It is here where the success of the carcinoma question rests today. It is unfortunate when a surgeon receives a patient that is suffering with a disease such as the essayist has given us in his splendid paper, having its seat in a part of the body where the resisting power of the tissues is naturally weak, because the prognosis is vastly more grave than an operative measure in a carcinoma located in a portion of the body where there is normally a greater resistance in the tissues. The doctor did all that could be done for such a patient. We are grateful that we have means at our disposal to assuage the suffering, and at least help pilot such an unfortunate individual to a more peaceful ending.

Dr. Mann (Texarkana)—I have enjoyed very much the paper of Dr. Dorr. I believe that if the doctor would have another microscopical or two or three more microscopical examinations made, he would possibly change his mind about the diagnosis. It might not be so. I grant you that once in a while you see a malignant growth which progresses very slowly; it does not progress rapidly. But most of these malignant growths in the upper

air passages, in the nose and around the head, do progress very rapidly. I remember one case in which I had an examination made of a supposed malignant growth on the tongue by three persons whom I thought to be competent. This man was a young man with bright prospects. I told him, "You have a malignant growth on your tongue. I have had it examined three times, in order that no mistake might occur." He is well; I have observed him nearly ten years now and one of the pathologists had been back to me and said, "What an awful mistake I made, because just last year I had a case just like it that I had examined in New York, and we found, after discussing it, that we had made a mistake." So one pathologist may make a mistake in the examination. It is often hard to tell. I do not say it is so in the doctor's case. But I do say that the malignant growths that I have seen in the upper air passages, the most of them, in fact nearly all of them, have terminated fatally in a very short time. I have tried everything nearly. I have ligated the external carotid arteries and tried to remove them without bleeding, which can be done. I tried the Darbon method. You remember Darbon wrote a book on his method by the ligation of the external carotid artery and its branches, and for that method he received \$1,000.00 as the Gross prize for the advance in surgery, and that method has disappeared. It does not give results. I tried the radical operation. Whenever you touch one of these cases in the upper air passages, the probabilities are that your reputation will suffer unless you do it very early and your patient may go to the cemetery just a little sooner than he would otherwise go.

I feel hopeful about the future of cancer. I believe that within a few years—I may be mistaken about this—we will have a cure for cancer. In fact, cancer transplanted from an individual to a mouse is already being cured, and I hope it will only be a few years until our scientists will give us a cure for cancer, and I believe it will come in that way.

I am going to suggest to Dr. Dorr that he might try radium on his patients. If you will try radium, you will have some expensive experimental work going on up in North Arkansas; because a small piece of radium will cost him \$8,000.00.

Dr. Cooper (Fort Smith)—Mr. Chairman, I do not think I could add anything further of interest to this discussion. Sarcoma of the naso-pharynx is usually considered to be inoperable. I believe that the case reported by Dr. Dorr has invasion of the orbit. I remember the first case I ever saw of sarcoma of the naso-pharynx; it occurred in an old man. I cleaned out the orbit, nose, antrum and upper pharynx, removing great chunks of sarcomatous tissue, leaving quite a hole in the man's face. In a short time he returned with a mass larger than that which I removed. His death followed shortly afterwards. I do not believe you can do much good by operating on these cases.

Dr. Ogden (Little Rock)—Before I discuss the paper, I would like to ask Dr. Dorr if I understood him correctly to say that that was a giant cell sarcoma.

Dr. Dorr—Yes, that was the finding of the pathologist.

Dr. Ogden (resuming)—I believe in giving a prognosis on a case of sarcoma that the prognosis should be based mainly, not entirely, on the variety of the sarcoma and not the location of the tumor. Sarcoma of the upper air passages differs from sarcoma in other parts of the body only technically. It is a difference of technique in reaching it for removal. And if the sarcoma in Dr.

Dorr's case is a giant cell sarcoma, to my mind the prognosis in that instance is far more favorable than any other form of sarcoma that might occur in that location. Giant cell sarcomata grow slowly, rarely metastasize, and are curable by wide local removal.

A man, I don't believe, is justifiable in removing a leg by amputation for giant cell sarcoma of the bone. I believe the same would hold true in the case cited by Dr. Dorr. It probably might be that the doctor, to get access to that tumor and to get a wide enough local removal, would remove the periosteum of the septum and the basilar process, which, if I remember correctly, was the origin of the growth.

Dr. Dorr—Yes.

Dr. Ogden—In the instances that it is removed in that way, I think that the use of Coley's toxin is justifiable following the operation. It at least gives the patient a chance. It is not a cure in all cases; perhaps a cure in one-half of the cases; but if the patient happens to be one of those lucky ones he might be in the favorable 50 per cent.

Giant cell sarcoma to my mind is the most significant factor in the whole case and would explain the slow recurrence of the growth and give a far more favorable prognosis than if it was a small round cell, the most frequent tumor at that age and locality. The locality in that instance influences the tumor in two ways. One is the difficulty of access and the other is the blood supply which will make the tumor grow a little bit faster, but at the same time that is counterbalanced by the greater resistance of the tissues in that locality and their more rapid recovery from an extensive operation.

Dr. C. A. Smith (Texarkana)—I have been very much interested in this discussion on sarcoma largely from a personal standpoint. I spent a good share of last summer in New York with Dr. Coley and at the Rockefeller Institute. As a matter of fact, we don't know what causes sarcoma. It may be a sub-microscopical parasite or it may be something else, but it looks as though we were on the verge of a great discovery. I don't believe that we, as surgeons or physicians, because a patient has an inoperable sarcoma that the case should be abandoned. There is something that can be done for them. Rather than undertake a wide removal and a death on the table, an unsurgical procedure, it seems to me that other remedies should be tried. I believe that the cacodylate of soda is giving good results. Coley's fluid is giving results in a small percentage of cases and is worthy of trial.

I am sorry Dr. Mann, when he was on the floor, did not mention a case we saw together, a case of sarcoma of the upper air passages, and finally invading the orbit. Removal was undertaken, and it was said at the time that a removal was not perfected, and the patient subsequently died. I believe there is a suit pending on this case for \$50,000.00 against one of the great corporations because the fellow got a ciuder in his eye and claimed that the irritation caused the sarcoma.

Prof. Flexner's paper and Coley's paper should be read in connection with sarcoma as to the relationship of trauma to these cases. There is a great field in that line. I think Coley's statistics give something like somewhere from 25 to 40 per cent of the cases that have a history of trauma in all sarcomata.

I hope to see the day when there will be a remedy found for cancer. I believe it is coming as much as I believe I am standing here; but we have not got it yet, and in the meantime we are more or less in the dark. I believe where a surgeon can remove the entire growth he is justified in

doing it, and it should be done, no matter what part of the body it is in. If the entire growth cannot be removed, then it comes into the field of an inoperable tumor. The usual remedies that promise relief, Coley's fluid, the arsenic remedies and other remedies which have been proposed, should be tried in these cases.

Dr. Chesnutt (Hot Springs)—I did not get to hear but a portion of the doctor's paper, but I wish to mention a case I saw operated upon for sarcoma of the upper air passages. The operation was done by a surgeon of Baltimore. The patient was a boy seven years of age. In looking up the literature to see the frequency of sarcoma in a child of that age, he found there was practically few recorded cases up to the age of seven; that at this age, they were all practically nasal polypi. This particular tumor protruded from one of the nostrils, and was free from a distance of an inch upward. He thought, therefore, if he made an exploratory incision that he would find this to be a pedunculated tumor which could be very easily removed, so he undertook the operation. He found it was really sarcoma which had invaded the nostril from the antrum. There was very extensive hemorrhage, and while he succeeded in getting the patient off the table alive, he died fifteen minutes afterwards.

Dr. Dorr (Essayist)—I want to thank the gentlemen for discussing this paper. At the same time I want to give my side of why I remove these tumors. There is some good authority for it. In the first place a radical operation is condemned by every authority. That eliminates that at once. In the next place, such men as Bosworth cite cases where he took out tumor after tumor for eight years and the patient got well. In the next place, the patient would have been dead before now if I had not removed it.

The first tumor showed gangrenous spots, therefore it was necessary to remove it, to prevent sepsis.

I will remove it one hundred times, if it becomes necessary to do so.

Some of the gentlemen in discussing this paper, forget that benign tumors may become malignant.

Regarding the diagnosis; I would not come down here without having the pathologists between me and these specialists; so I let the diagnosis be settled between the specialists and pathologists. This being a giant cell, the chances are it may get well because it is not so malignant as other forms of sarcoma.

## OPEN TREATMENT OF FRACTURES OF THE LONG BONES.\*

By M. G. Thompson, M. D.,  
Hot Springs.

Mr. President and Gentlemen of the State Society:

I could not have selected a subject that has grown more rapidly in favor with the surgeon than open treatment of fractures of long bones. The literature shows that a request to one hundred surgeons for their approval or non-approval of this treatment, sent out four years ago, showed 85 per cent

were against this treatment, with only 15 per cent for it. Recently the same request to more than one hundred surgeons report 85 per cent in favor of and scarcely 15 per cent against it, thus proving a reversal of opinion, and that the open method has become an established principle in surgery. So it occurred to me that we could with profit discuss not only the literature, but our individual experiences with the older and newer methods. I am free to confess that I was deterred for months, feeling that it was not a well-established principle, and that if I should be unfortunate in my results that I would receive the condemnation of my colleagues. I was not only deterred by this thought, but by the great display made in literature of bone plates, screws, staples, silver wire and drilling instruments, making what had been a simple procedure assume one of gigantic surgical proportions. Nor could I banish this picture from my mind until I had a compound fracture of the tibia, forcing through the clothes, down to a dirty shoe and remaining there for an hour. The subject was a young, robust farmer. It was then I could see a different picture. I could well see infection and loss of bone, resulting in shortening of the limb—a permanent cripple if I did not observe all the technic of modern asepsis. It was then that I could see no danger in opening the skin and deep fascia for some inches, and with retractors expose well the extent of the fracture and to apply the simplest technic of retaining the bones in apposition. This simple method is ten-day catgut. My experience in this case taught me it was not necessary to drill through the bones to adjust them in perfect apposition, but, after bringing them to proper position with a strand of ten-day catgut with two long, curved needles, one on each end, passing under the periosteum and adjacent muscle, stitching them two or three times across the fracture. I adjusted the torn periosteum and muscle to their proper position by cross-suturing with the same material, closing the wound through the skin.

Before reducing the extension I put on a well-padded and tight plaster bandage, securing the neighboring joint, allowing it to dry well before reducing the extension. The success of the operation depends on this bandage controlling crepitation and muscular contraction. I am sure many surgeons

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have underestimated the value of the bandage in controlling muscular contraction—the reason they have advised screws, bone plate, staples, silver wire, etc. It is a well-established principle in surgery that all foreign material adds to the predisposition to infection. It is well known that foreign material may remain quiescent for years and then produce trouble. I well recall my first experience with resection of the knee, when I removed one nail on the twentieth day, the other one remaining *in situ* for ten years. After the lapse of these years it caused disease of bone to such an extent that it was necessary to amputate the limb. Dr. Jonas of Omaha, Neb., in his paper before the American Association at St. Louis, insisted that “ten-day catgut was better than any foreign material, and that bone sutured with silver wire melted away like snow before the sunshine.” When any foreign material is passed through the shaft of the bone there is an increase of danger of infection of the bone, and a predisposition to osteomyelitis.

In fracture, especially if it is a compound fracture, there is a certain amount of hemorrhage, and the dead space is filled with clots—often with infected clots—or they become infected as they soften, and when the fracture is opened by incision every surgeon will thoroughly cleanse the wound and close all dead space with absorbable material, reducing the danger of infection to the minimum. I am a great admirer of Dr. Murphy's technic of cleansing the wound. One advantage is, he opens at the most accessible point, and if there has been great damage to the tissue he can repair this easily, if he has properly adjusted it with light fixation material. The textbooks lay much stress on many things that are not practical, especially the use of the *x-ray* before and after dressing the fracture, insisting that it is necessary to chloroform the patient in order to make this examination thorough. When there has been a fracture, the injury, as a rule, is too great for the patient to be carried to the *x-ray* machine, and if the wound has been dressed by the open method you are fully assured that you have it in perfect apposition without exposing the patient to the pain and danger of displacement while carrying him to the *x-ray* machine.

To return to the case to which I previ-

ously alluded, and the one which makes me favor the open method:

First—The man was young, with powerful muscle, and had a compound fracture of the tibia, which protruded down into the shoe, with every chance of infection, and also fracture of the fibula.

Second—The soft parts were greatly injured. I dressed it and he remained in a dirty cabin. This I did with the assistance of a professional nurse and the instruments from a well-equipped accident grip, with a strong farmer to make extension of the limb and a nervy housewife to hold my retractors, exposing the fracture. I forgot to mention that I made a window forty-eight hours after, over the fracture, through which I made daily observations of the wound, so that I knew there was no infection. There was considerable shortening, and, although I had a very strong man to help me, he was unable to make proper extension. I brought both ends of the bone together in a triangular position, and with both hands pressed them down, while the man who was assisting made the traction until I had perfect apposition. The patient made a perfect recovery. The *x-ray* showed perfect adjustment of bone, and I am fully persuaded that the open treatment of fractures offers less danger when all surgical technic is carefully observed.

Long before I had ever heard of open treatment of fractures I was called to see a boy with compound fracture of the olecranon. The wound was so infected and so much damage done to the soft parts that I could not adjust it without extending the wound and using retractors to well expose the fracture. I removed several small spicula of bone and closed with catgut with perfect results, the boy gaining motion of the arm in less than a year.

I do not think that any surgeon should hesitate, in compound fracture, to extend the wound, so as to thoroughly use his retractors, so that he may be sure that there is no periosteum or muscle intervening between the bone. Then close all dead space with catgut suturing. In simple fracture I would take into consideration the age of the patient, contrary indications to surgical procedure, the environment of the patient, also the consent of the family. All these points would be duly considered before I

would decide on open treatment, but am fully persuaded that I would use catgut for fixation.

#### DISCUSSION.

Dr. Dickson—Really I have not had an extensive experience in the treatment of compound fractures or in a fracture that we could not reduce. I had more trouble in depressing the fracture than any other way. In my own case the broken bones were not adjusted with any sort of mechanical apparatus, or ligatures. I have often wished they had been. I had much shortening. I believe that the ligature is fairly well teaming now with results from the Lane metallic plates, but really I have never tried using it. I am going to let the members here who have used it give their experience.

Major Hallock (Hot Springs)—I enjoyed listening to the doctor's paper very much. I did not expect to be called upon to discuss it. Most of the open fractures that I have had to treat occurred in the field service with troops. Under such circumstances the surroundings are often most unfavorable and one has to do the best one can. In Cuba we had quite a number of these cases on the battlefield. Sometimes the bone was thrust through the skin. In other cases the bullet wound communicated directly with the seat of fracture. We had to deal with wounds that presumably were infected. There was little opportunity to make use of mechanical contrivance other than splints to insure coaptation until after the patient had been transferred to the rear and placed in hospital. This at times was a matter of several days. In hospital work I have used catgut and silver wire sutures. I have had no experience with plates. Since the Spanish war, my work has been along other lines, so that while I am sure that there is a considerable field for coaptation plates, I do not feel competent to discuss their use.

Dr. C. R. Shinault (Little Rock)—In handling the injured employes of the Rock Island Ry. Co. covering the territory of Arkansas and Louisiana, corralled at the hospital in Little Rock, we have occasion to treat a great many fractures. Were the Lane splint or the silver wire not accessible, I would feel disposed to use catgut or kangaroo tendon as described by Dr. Thompson. To say the least, his paper is a timely one, for it is not every time that one has all the necessities incident to treating fractures, and to be resourceful is a gift which leads to success, matters not whether it is in or out of our profession. One who is resourceful is like a cat, i. e., it matters not which end leaves your hand first, when you toss him in the open, he will invariably light on his feet. I have been a pretty regular attendant at our State meetings for several years, and I have seen the doctor tossed until it kept me guessing as to which end was going to light first, and yet he seems to light on his feet and comes with something a little better the next time.

Lane has advised throwing all simple fractures into compound and has practiced what he has preached since the days of perfect sterilization, which is really the proper thing to do where you are sure of an aseptic field.

Catgut and kangaroo tendon has not yet reached that stage of sanctification where it just could not go wrong, and while the larger part is pure, yet we know from experience that we occasionally get a mild infection to say the least from its use. Should you happen to get hold of a piece which had not received the "second blessing," the mild infection emanating therefrom once finds its way into the bone cells, complications of more or less grave type are sure to follow. Lane splints and

other modifications and the silver wire can be boiled and placed where you desire it, and should there be infection lurking in the wound there are no pores in the splint or wire to invite the germ to creep in and "rest up" prior to invading the bone cells proper. It has been the disposition in by-gone days for us to handle wounds too much anyway. Especially is this true of bone infection, for after all we are only a "bleb" to compare with that of nature's works. Therefore if we are not sure of our aseptic surroundings noninterference plus the Hodgen's or Buck's splint extension, or the simple sandbags might serve to save a limb and maybe a life.

Dr. H. H. Kirby (Little Rock)—The question of the open treatment of fractures is a much debated one. It is needless to say, however, that no fractures should be compounded if reduction can be accomplished and the reduction maintained. In any case where this is not possible, and a large per cent are in this class, the open treatment is advisable.

This class of cases would include the oblique, serrated fractures and those near a joint, as well as old fractures with nonunion or faulty apposition.

In studying fractures one is struck with the number of treatments devised. Such evidence is conclusive of the many unsatisfactory results obtained. Then, too, we have the many walking advertisements of the inefficiency of such methods, for surely we cannot say that the doctor has not done his work carefully.

One should not be too radical in many cases, however, for conditions and surroundings may be such that sepsis and improper after-treatment would preclude any procedure of that character.

In regard to operating on these cases, the best time is five to seven days following fracture; there is less oozing, the ends are more easily approximated, and muscular contraction is less. Besides, the dangers of sepsis are diminished.

In regard to this, the doctor has brought out two important points—that is, that a strong man is not equal to the task of reducing a fracture merely by pulling. The other is that some of the men who do operate on such cases should be more careful, for rhyfing osteitis is a condition not found where the strictest aseptic technic is instituted.

Dr. E. E. Barlow (Dermott)—It seems to me that one of the most important factors in securing results in fracture of the long bone has been overlooked altogether in Dr. Thompson's paper, namely, the plaster of paris cast. While visiting the Eastern clinics last fall I noticed some were using the Lane plate, others were using silver wire sutures and some catgut; but the thing that impressed me most was that after the fracture was reduced and the broken ends brought together and secured either by Lane splint, silver wire or catgut sutures, it was always put up in a plaster cast, with a proper opening or under lift to dress the wound. In my opinion, the cast is the thing, after all, that gives you the result, provided it is well applied. No bone should be treated until the patient is well under ether; this gives you perfect relaxation of the muscles. Your assistant can hold the limb, giving it an exaggerated extension while you apply the cast. It is my practice to keep the limb well extended until the cast is well set. This procedure has always served me well without either Lane plates or catgut sutures.

I noticed at the Hopkins Hospital last fall that they were converting all simple fractures into compound fractures, putting on Lane plates and closing them up; this, of course, can be done in hospitals

when the greatest of assepsis is observed, but for the man in the country, I think it is wrong, and I believe that the doctor's paper is apt to convey a wrong idea of conception of the treatment of fractures of the long bones, especially to the young man in the country. I, myself, am a country doctor, doing surgery in negro cabins and private homes, and I don't think that any doctor working under these conditions can afford to make a compound fracture out of a simple fracture.

Dr. Thompson (Essayist)—I cannot see the advantage of putting in silver wire, for foreign material predisposes to osteomyelitis and melts the bone away like snow before the sunshine, and will not retain the bones in apposition longer than catgut. This has been well demonstrated by many surgeons. In the use of catgut and silver wire it has always been the custom to bore holes through the bones to fasten them together, and this technique greatly predisposes to infection. While in my method I only extend the punctured wound in compound fractures so as to protrude the ends of the bone and see there is no intervening muscle or periosteum between the bones, and to be sure that I have cleansed the wound with dry gauze and scissors. Then putting the bones in an angular position so as to press them down during extension, and we can see when we have them in perfect apposition. Then stitch with catgut periosteum and adhering muscles cross-wise, closing the wound and adjust a retaining plaster bandage before relaxing extension. I have heard many surgeons talk wisely of the Lane splint while their results have been truly unsatisfactory.

### PERSONAL EXPERIENCE IN THE TREATMENT OF PELLAGRA.\*

By C. J. March, M. D.,  
Fordyce.

Mrs. C. White, American, born and reared in Arkansas; aged 45; widow.

Pellagra eruption appeared on both hands in April, 1911, extending only to wrist joints on dorsal surface. In four to six weeks after first appearing on hands it began to appear on face, and two months later it appeared on feet. Unlike most pellagrins I have seen, she has not had the severe gastro-enteric symptoms that are so distressing and hard to control.

She complained of her tongue feeling as if it had been scalded, as she expressed it. Tongue presented the usual fiery redness along edges and under surface of tip. She has been nauseated some at times, more or less constipated rather than the usual diarrhea. Nervous symptoms, severe headache, formication, burning sensation and spasmodic action of muscles of feet and legs. Insomnia was a well-marked feature, apparently produced by neuritis of feet and legs. Knee

reflexes unequal; more pronounced in left extremity. Babinski absent. That was the condition last September. At present the knee reflex is more nearly equal in the two extremities, but still more marked in the left. Babinski still absent in left foot and very slight response in right foot. Appetite and digestion good. Neuritis of feet and legs very much improved. So far mind has not been affected at any time. Treatment began in April, 1911, consisting of liquor potassae arsenitis five to seven and one-half minims and ten minims of tincture ferri chloridi, in water, four times daily. This treatment was continued with slight improvement to September 1, 1911, when I began the use of sodium cacodylate solution hypodermically. In the beginning I gave three-fourths grain every second day. Later I gave one and one-half grains at same interval; then, after two weeks, three grains twice a week. I increased the dose gradually to six grains once a week and eventually, in about six months, to twelve grains every two weeks. I am now giving her from seven to ten grains every two weeks. Under this treatment, continued for something over a year, the eruption has disappeared almost entirely; the neuritis of feet and legs has improved very much. She has gained strength, and altogether the prognosis looks favorable. I wish to say in conclusion that there has been no toxic effect from the large doses of arsenic administered. I am inclined to think from my experience with this case that she will require to be treated continuously for from one to three years longer to effect a cure.

### DISCUSSION.

Dr. Sanders (Hot Springs)—On the subject of pellagra I have little to add to what I have written and read on a former occasion (1910). Some of the cases who were under my care in 1910 are still with me. I have had probably six cases, with results not as good as Dr. March's one, but in three years I have cured several patients. I have a patient now, an old negro seventy years old; bowels moving every hour; tongue rotted. I am trying calcium sulphide. Under simple treatment he is improving.

When 606 was introduced and I saw how much good it did in removing the symptoms of syphilis, I imagined it would be a good remedy for pellagra, and I began to think it would work out well in connection with ammonium chloride.

I have discarded the use of chloride of ammonia. I lost several patients. Two died this year, one child twelve years old and one old lady; neither one had the intestinal disturbance. Chloride of ammonia did them no good, so far as I could see.

Dr. Martin (Hot Springs)—After he told me he had a patient seventy years old, tongue rotted and

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bowels pouring off every hour and taking no nourishment, I thought he might as well have asked me what to do for a dead man. Some of these cases get well spontaneously, or appear to get well in the fall of the year.

Dr. March—I have not yet seen any cases of pellagra cured. Sometimes they recover spontaneously.

Note.—Dr. March writes us under date of October 1, 1912, with further reference to case reported, saying: "There is no sign of eruption; general condition good; neuritis of feet almost entirely disappeared, and to all external appearances patient is cured. I am now giving her fourteen grains of sodium cacodylate hypodermically every two weeks."

## THE X-RAY AS A DIAGNOSTIC AGENT IN MEDICINE.\*

By A. M. Zell, M. D.,  
Little Rock.

The Roentgen ray, like all great discoveries, had a very imperfect beginning, and the medical profession, recognizing its usefulness, employed it at first in surgery only.

In recent years, however, the *x*-ray has been employed for diagnostic purposes in internal medicine, and has not failed to be the most useful means in corroborating, modifying and imparting knowledge of diseased conditions, which was otherwise impossible. At this time I will confine my paper to the discussion of conditions in the chest, in which the *x*-rays are of great value to the internist and general practitioner. This being the age of anti-tuberculosis movements throughout the entire world, it may be of particular interest to learn what the Roentgen ray discloses in case of a lung effected by the tubercle bacillus.

To avoid any misunderstanding of what follows, I wish to state that this agent is not intended to declare a certain condition tubercular, just from the mere negative we obtain, but is only a supplement to any physical signs we might elicit by auscultation or percussion, or serve as an explanation to a positive tuberculin reaction, etc.

In skiagraphing the thorax the lungs must be filled with air, for only thus can we obtain a picture which will show any diseased condition in the respiratory tract. The negative, to be of value, must show contrast in tissue and the quality of the ray, as well as the length of exposure must be such to penetrate the soft tissues without

completely obliterating the same. The exposure must be rapid and the respiration suspended in order to bring out upon the sensitive plate the detail and minute pathological lesions. This method is of particular value in the diagnosis of early pulmonary tuberculosis—that is to say in that stage of the disease in which percussion and auscultation reveal practically nothing, still the symptoms lead us to suspect the tubercle bacillus to be the offending organism.

Whenever the tubercular process has produced microscopical pathological lesions in the lung and peribronchial and mediastinal glands, the negative records the change.

All famous radiologists, such as Prof. Reider, Holzknecht, Immelmann in Europe, Williams, Walsham, Tousey in America and Beciere in France, have given this subject considerable attention and have found the *x*-ray a most valuable aid in the diagnosis of pulmonary troubles.

For clearness' sake I will first consider the *x*-ray diagnosis of pulmonary tuberculosis in adults and next in children, as the two usually present some differences.

In adults in the stage of early tuberculosis we have on physical examination the difference of pitch and uncertain roughened breathing, prolonged expiration. If infiltrations are present, air containing tissue becomes airless or air-poor and the negative in such a condition will be mottled, namely, the air containing tissue appears dark, and the infiltrated area opaque. Should the infiltrated area be deeply seated so as not to reach the surface, no physical signs will be present and only the *x*-ray together with the tuberculin test will reveal the nature and extent of the trouble. If both apices are more or less opaque, the diagnosis should be very cautiously made, for Prof. Krause of Jena has found that systematic breathing exercises have often cleared up the apices.

As I have said before, these changes cannot be pronounced tubercular from the picture alone, for anthracosis might produce similar shadows on the negative, therefore the clinical history and the tuberculin reaction must be carefully considered. Let me call your attention here to a few points which might cause a misinterpretation of the skiagrams.

There may be some differences in the adult's apices of the lungs upon *x*-ray exami-

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nation, depending on the following conditions:

1. Edema of the skin.
2. General obesity or lipoma.
3. Enlarged caseous indurated or calcified lymph glands lying in the supra clavicular fossa.
4. Blending of shadows of clavicle and first rib, especially if apices are deeply seated.

These conditions must be excluded or kept in mind when interpreting a negative of the chest.

Now, in children and in young people we do not look in the early stages of pulmonary tuberculosis for any changes in the apices, but the trouble is usually found about the hilum in the peribronchial and mediastinal glands. Such a condition is rarely diagnosed by any other means outside of the *x-ray*.

Kroenig, in 1889, and Blumel, in 1908, were the first to call the attention to the importance of these glands, and the common error in diagnosing right apical tuberculosis when the bronchial glands were only affected. When these glands are affected a dullness has been noticed in the right apex, which the *x-ray* has shown to be due to a partial exclusion of air from the upper air passages, and not to any infiltration of the apex. An auscultation sign for the determination of these infiltrated and indurated glands has been described by D'Espine of Paris, France, namely, the hearing of the whispered voice with a bronchial ring at the level of the spinous process of the seventh cervical and first dorsal vertebra.

The most expert physical diagnosticians have failed very frequently in hearing this vertebral bronchophony.

The Roentgen ray clears up the case for us, in that these glands appear on the negative as opaque shadows, especially about the right bronchial tree. In 620 cases examined at the Boston City Hospital suspected of tuberculosis, 147 showed the presence of these enlarged glands without any lesion in the apex still giving a positive reaction. One hundred and eighteen of this number were adults.

In cases in which the diagnosis by physical examination is beyond a doubt, the *x-ray* is valuable in determining the extent of the trouble and whether the patient under treatment is improving. I have not said any-

thing of the fluoroscopic examinations of these cases, for, although it is entirely satisfactory if properly carried out, the details are lost, however; for instance, in long-standing catarrh of the apices which does not clear up on deep inspiration, the fluoroscope is a total failure, while the negative will reveal an infiltrated area.

Cavities of the lung, even though deeply seated, can be diagnosed with great certainty by the stethograph, not so readily with the fluoroscope.

Not less valuable have the Roentgen rays been in clearing up some points with reference to the inflammation of the pleura.

Dr. R. D. Carman, in the series of fifty cases of serofibrinous pleurisy, has found that the classic description given in the text-books as to the mobility of the exudate was not true. In most of the text-books on physical diagnosis the fluid is described mobile in the inferior portion of the upright chest dislocating the contiguous organs. The effusion is supposed to gravitate to the median or lateral side of the pleural cavity, depending on the changes in position of the patient. In the *x-ray* negatives made by Dr. Carman, this has been found to be the exception, not the rule, for the effusion becomes incapsulated after the acute inflammatory process subsides.

Thus the location of the effusion depends in every instance upon the position of the patient during the acute inflammatory stage. In this entire series of cases the fluid occupied a vertical position in the upright chest, and the shadow was absolutely unchanged when the patient was placed in a lateral or dorsal position.

From such *x-ray* findings we may infer the character of the exudate and can explain some discrepancies with regard to Traube's space or Ellis and Garland's "S"-shaped line.

We all know the difficulties encountered in the diagnosis of interlobar pleurisy, which is usually of a tubercular character and generally situated between the upper and lower lobe of the right lung. Since the effusion occurring in these cases never reaches the thoracic wall, physical signs may be wanting, and the diagnosis depend entirely on an *x-ray* examination.

The other most important organ in the chest being the heart and great vessels, I will say a few words about aneurysms of

the aorta, the probable errors and difficulty in interpreting skigraph thereof.

Drs. Sewalls and Childs of Denver, Col., in writing on the subject of aneurysms of the aorta, express their surprise at the few deaths reported attributed to this cause, and say "that in recent years more have been reported because the medical fraternity recognizes this condition more readily. It is very difficult to diagnose an incipient aneurysm, for the symptoms produced are vague, and often mistaken for tuberculosis. Repeatedly people have been sent to Colorado for the cure of tuberculosis, when in reality they were suffering from aneurysm. Cough is one of the early signs, as well as dyspnea upon slight exertion."

Here again the Roentgen rays aid us in interpreting these symptoms. We would naturally suppose that an *x*-ray picture of the heart and aorta would be easily interpreted, but such is not the case. Aneurysm of the aorta is evidenced by an unnatural extension of the normal shadow of the upper part of the cardio-vascular mass. This mass pulsates and varies in position.

Baetjer in the bulletin of John Hopkins Hospital classifies them as follows from a study of 104 cases.

1. Aneurysm of the ascending aorta gives a shadow which extends more to the right than to the left of the sternum. It lies above the heart and is nearer to the anterior than to the posterior wall.

2. Aneurysm of the arch produces a shadow which extends a little further to the left of the sternum and to various levels in the neck it also lies to the anterior wall.

3. Aneurysm of the descending aorta casts a shadow to the left of the sternum and is in relation to the posterior wall.

To avoid error in interpreting a thoracic skigraph, the rays must be centered perpendicular over the manubrium sterni. The

tube being twenty inches from the plate. Then the aortic arch will appear opposite the fourth costal inter space behind.

Since the skigraph forms but a link in the diagnostic chain, we must carefully consider the clinical history, signs and symptoms before making the diagnosis. In differentiating these shadows from a solid tumor, radiographs should be taken at different times; well-marked variations will be found in aneurysm, but shadow of the tumor will always remain the same.

Sailor and Pfahler have described the condition present at times in healthy subjects, which might be mistaken for aneurysm in the skigraph, known as tortuosity of the aorta. In this condition, however, the shadow on the negative bulges more to the left and the transverse portion of the arch does not rise above the normal position.

In general arteriosclerosis, however, dilatation of the aortic arch and ascending limb is common and not indicative of aneurysm. Should we find such a condition together with a history of syphilis, a treatment for aneurysm is indicated.

Any bulge toward the right of the sternum and upward is very suspicious of a pathological condition. Another obstacle encountered in the interpretation of thoracic plates is the shadow of the bronchial tree at times visible in the congested, not normal lung.

Another source of error are the mediastinal glands seen in tubercular subjects, which obscure the shadow cast by the descending aorta.

Enlarged glands, thickened pleura and scar tissue enclosing a pulmonary cavity resemble at times an aneurysm in the skigraph. The shadow of the latter, however, is by far more homogeneous. Finally, I wish to mention tumors of the esophagus, which, when seen with the *x*-ray, cannot be differentiated from a saccular swelling of the aorta.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### CHRISTMAS GREETINGS.

With this gladsome season of hope and promise, let us all rejoice together and bring joy to each other, for that is the true rejoicing. Our Christmas greetings should be given in all sincerity rather than as a meaningless shibboleth of the season.

Let us put away our jealousies and prejudices, and let us in all truth and heartiness, as the Journal hereby does, wish to every physician in the great state of Arkansas a merry Christmas and a prosperous, happy New Year.

### DR. G. A. HEBERT ELECTED PRESIDENT.

Dr. Gaston A. Hebert of Hot Springs has been elected by the Council, president of the Arkansas Medical Society, to fill the unexpired term of the late Dr. E. R. Dibrell.

### STATEWIDE ANTI-TUBERCULOSIS WORK.

The work of the Arkansas Association for the Relief and Control of Tuberculosis has

been allowed to fall into desuetude to a great extent, owing to the time of Dr. J. S. Shibley, president of the association, having been exclusively occupied by his work at the sanatorium at Booneville. The work should be revived and brought into vigorous activity. The regular meeting for the election of officers of the Association will be held on the fourth Tuesday in January next.

Dr. J. S. Shibley writes that the United Charities in Little Rock wishes to engage in statewide anti-tuberculosis work, and he suggests that the meeting in January will afford a splendid opportunity to get together with the United Charities, reorganize the Arkansas Association for the Relief and Control of Tuberculosis and devise plans for a joint campaign which will be effective.

To this end it is urged that not only the officers and members of the association attend the meeting, but that all physicians interested in the fight against tuberculosis make it a point to attend.

### A STATE CHARITY HOSPITAL NEEDED.

Before the next issue of the Arkansas Medical Journal, the state legislature will have convened for the biennial session. The incoming governor, Hon. Joe T. Robinson, can not do anything of greater benefit to the masses than to recommend the passage of a measure to provide the state with a general charity hospital. We have state eleemosynary institutions for the treatment of nervous diseases, including insanity; for the education and treatment of the blind, the deaf and the mute; for the treatment of the tubercular, but none for the treatment of the victims of general diseases. The state must care for its insane patients, if only as a measure of protection to the community. To instruct the blind and the deaf mutes that they may be equipped to provide for themselves is wholly praiseworthy.

Is it not as important to care for those otherwise disabled by disease and restore them to the community as producing, wage-earning units? The wealth of the state lies, beyond all question, in the producing power of its people.

The special institutions referred to have been ably managed and have been brought into a high state of efficiency as the result of recent improvements and the general advancement of medical science. They, too, have been, to some extent, handicapped by

lack of sufficient funds. We have no criticism to offer on the cutting down of appropriations and on the elimination altogether of some items in the estimates of the eleemosynary institutions. It has been explained that this reduction was necessary to avert a deficiency in the general revenue fund, and it would be ungracious to suggest that there were other directions in which retrenchment might have been more judicious.

We understand the assessed valuations for the next tax levy have been considerably increased, and if the rate is not lowered a larger revenue will result. The objection may be urged that each county should care for its own sick and afflicted. If this objection is valid it might apply with equal force to the blind, deaf, and insane. The answer to this would naturally be the vast expenses and economic waste of having, in each county, a specialist in nervous diseases, and instructors for the deaf and blind, for but few patients in each county, to say nothing of seventy-five of each kind of institution to house them, where one of each kind and one set of specialists and instructors now suffice.

But does not this apply with equal force to the treatment, by each county, separately, of those afflicted with diseases other than those specifically provided for in the four state institutions named? This is the age of specialization and centralization alike in the professional and the commercial world. A General State Hospital would be equipped with specialists in all the principal diseases. Such an institution would be provided with every appliance and apparatus known to modern medical science used in the treatment of acute and chronic diseases and surgical cases. It would be thoroughly sanitary, and could be provided with an isolation department for contagious infections. In the nature of things all these factors are impossible of achievement by county units, save perhaps in three or four of the more important counties containing larger cities.

Pulaski county has a county hospital and the Logan H. Roots Memorial, or city hospital, which has been one of the most useful and beneficent charitable institutions in the state, but which has become too small for the needs of such a hospital in this rapidly growing city. Some counties have a county physician with no adequate provision for the care of the pauper sick, who receive office treatment or are visited in their homes at

county expense, but without hospital facilities. If it is contended that each county must care for its own sick, would it not be better and more economical for each county to pay its pro rata, based on population or taxable wealth, toward the support of a state institution where the sick could receive better attention at the hands of specialists, in a modern, sanitary, scientifically equipped hospital? It would prove less expensive to each county than the present system. Is it not possible to frame a bill that would cover fully the requirements and be the means of accomplishing so desirable an end?

#### PENSIONS FOR MOTHERS.

Very slowly does society recognize the fact that the real wealth and hope of the state is in the flesh and blood of her people. It is axiomatic that all wealth of whatever nature is the direct product of labor. But we are as careless of the laborer—and we use the word in its generic sense as applying to all who are useful to their fellows in any capacity—as we have been of our lands and forests. With cheap lands, in the past, we have first worn out a field, then “deadened” the timber to clear new ground. Here was double waste—waste of good land, waste of good lumber. Man, the producer of all wealth, is apparently considered of less value than cheap lands or marketless timber. We have reached the point of conservation of lands and timber and all natural resources; but the progress toward the conservation of man, through whom these resources are turned into material wealth, is almost imperceptible. Labor is plentiful. When one worker is worn out before his time, there is another at hand. Therefore, society adopts the easy way of the farmer of a past generation with his fields—wear out one and deaden the timber to clear another. The prohibitionist tells you of the thousands destroyed by rum, but overwork, small pay and the logical sequences, poverty, ignorance, lack of nourishment, unsanitary dwellings and delinquency, kill their tens of thousands. Which class of society enjoys the greatest longevity? The professionals—the preachers, the lawyers, the doctors—those who do not work with their hands. And the shortest lived, as a class, are the men and women who do manual labor. Not because they work, but because they work too arduously and continuously, and because

they are subjected to many dangers, which, but for the greed of employers, might be easily prevented.

That most whimsical of all satirists, Lawrence Sterne, tells us of Mr. Shandy commenting philosophically on the singular fact that when we go about creating a man we put out the light as though in shame, nor can the matter be spoken of in terms sufficiently refined to alleviate grating upon the delicate ears of society; but the inventor of an engine of war to destroy men is loaded with honors and his glory proclaimed from the hill tops and echoed through the valleys. As a Christian people we theoretically praise the Savior of men while we shout the praises of the military genius who destroys man in the largest numbers.

All of which brings us to the recent movement, yet in its infancy, for the pensioning of mothers. When we fully realize that the man constitutes the real wealth of the state, and that as Wordsworth puts it, "The child is father of the man," we shall cease to regard as revolutionary measures to insure and conserve to the state the best that is in the child. Just now governments are busy conserving almost everything under the sun that man can turn into wealth, at the same time allowing the creator of that wealth to grow up as the weeds and be, like them, cut down. From childhood to the grave he is neglected chiefly on the ground of "personal liberty."

"All men are created free and equal"—so we may resolve—but it is not true, and no one knows it better than the orator who proclaims the untruth. Thousands and tens of thousands are born into this world with scarcely a single chance of becoming useful, healthful, decent citizens. Langhorne wrote the sad lines depicting the widowed mother on the battle field, with her child in her arms, who

"Gave the sad presage of his future years  
The child of misery baptized in tears."

Home and mother the child must have for fitting environment—and if he have neither, or if home or mother or both be unfit, home and a mother by adoption must be given him. Or, if the mother is fit, but unable to maintain a home, it devolves on the state to supply the means. John Spargo, in 1906, voiced this idea in the words "Wherever possible, then, I believe that the effort of

society should be to keep the mother in the home with her children, and where pensions are necessary in order to attain this result, they should be given, not as a charity, but as a right."

Missouri and Illinois have already adopted legislation along these lines; Colorado and Massachusetts are considering similar measures and Ohio has a commission which has reported recommendations to the effect that "dependent and delinquent children should be placed in homes in private families with clean and wholesome environment, and that institutional life be done away with. Women with children, whose husbands are dead, disabled or imprisoned and not contributing to their support, should be given, under order of the Juvenile Court, a monthly allowance of \$15.00 for a mother and one child, and \$7.00 for every additional child, provided that upon investigation such a pension will be necessary to hold home together."

But note that the "husband" dead, disabled or imprisoned is stressed in this report. Why not similar provision for all mothers, even where there has not been a husband—for, as Coleridge says,

"A mother is a mother still,  
The holiest thing alive."

If we believe in a Creator—if we believe that God made of man a living soul, we must believe that the meanest of His creatures are still a part of the divine plan, regardless of whether or not he was born agreeably to man-made conventionalities. Under no circumstances is the child to blame for coming into the world without his consent, and bear in mind that the movement to conserve the child is less purely philanthropic than economic in its aim. Leonardo da Vinci was the natural son of a peasant girl and the son of a notary. He was one of those to whom the lines of Emerson aptly apply—

"Born for success, he seemed  
With grace to win, with heart to hold,  
With shining gifts that took all eyes."

His singular beauty and amiable, sunny disposition so appealed to his grandfather that this love child was reared by him in an environment that developed his marvelous genius. Picture the result had this nameless offspring shared the usual fate of

a peasant girl's brat. Cast off by his mother, as he was, the boy would have been a street gamin, ignorant, vicious, probably a criminal, a pest to society; but with the environment bestowed on him by his grandfather, illegitimate as was his birth, he became one of the world's greatest painters, his masterpieces preserved, copied in every land, and 400 years after his death his name revered throughout the civilized world.

One instance will suffice, but many could be cited among the great of the earth who, though basely born, have yet been "born to immortality." But for every one such there are the millions who have been submerged—perhaps to father generations of delinquents. Degeneracy, delinquency, criminality and disease will never be overcome until we recognize and deal with the fact that the hope for the regeneration of the race lies in the training and environment of the child.

We pension our warriors who have slain their fellows for the glory or in the defense of their country. From a purely economic viewpoint their work as wealth producers is done; but a grateful country gladly and properly cares for them in their declining years. Sentiment aside, is it not even more important to provide for the future life and hope of the state?

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### NEW YEARS RESOLUTIONS.

"Sir," asked a student of the great John Hunter, in surprise, as Hunter gave an opinion in a case, "Did you not say the opposite of that last year?"

"Very likely I did," answered the somewhat eccentric but frank scientist; "very likely I did, but I hope I grow wiser every year!"

January 1 is the time for new resolutions. If you have forgotten it, the funny papers and the cartoonist will remind you. The only resolutions they ever refer to, however, have to do with the water wagon—the resolution to elimb aboard on the first and the tendency to fall off before they are firmly seated. But the physician, especially the neophyte who imagines his diploma and license end his studies, may form helpful resolutions inspired by the life of John Hunter, who has been acclaimed, with the exception of Hippocrates, the grandest figure in the history of medicine, according to a writer in the

Medical Review of Reviews. When a young man he was idle, unruly, impudent and ignorant; but he was quick-witted, and when in the dissecting room of his brother William, a famous London surgeon, he began to learn, he never ceased, and fully atoned for the neglect of his studies in youth. Such progress he made that when once he heard that he was accused by Jesse Foot, a rival surgeon, of a lack of knowledge of the dead languages, he retorted, "I could teach him on the dead body what he never knew in any language, living or dead;" and the sting of this retort lay in its truth.

Even in his days of brilliant success he was still in ignorance of the rules of grammar, and a schoolboy could defeat him in a spelling match; but in his profession, to use his own words, "each year he was wiser," even though he gained wisdom this year by discarding last year's theorems, so that he had no equal in his generation in medical science, surgery and dissection. The real student of medicine is a student all his life long. He can never learn all there is to know. The present generation of physicians have had to revise their own earlier teachings in many instances. The most aged physician, devoting all his life to study, practice and experiment, can no more learn all the secrets and operations of nature and disease, as related to his profession, than could an astronomer catalogue the countless myriads of stars the heavens reveal to him.

The resolution, then, that should be made by the conscientious physician who hopes for success—not only material success, but success in prolonging the life and relieving the suffering of his fellow-man—is that every day he will learn more, and more, and then some.

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### Personals.

Dr. R. A. Hilton of El Dorado visited Little Rock this month.

Dr. J. S. Shibley of Paris, Ark., attended the Masonic Grand Lodge in Little Rock last month.

Dr. T. J. Stout of Brinkley spent a day in Little Rock last month.

Dr. J. R. Potts has moved from Spring Valley to Clifty, Madison county, Arkansas.

Dr. J. P. Runyan, Little Rock, Dr. R. C. Dorr, Batesville, and Dr. J. A. Foltz, Fort

Smith, attended the Clinical Congress of Surgeons of North America at New York City in November. A number of surgeons from foreign countries were present.

A well established practice free to buyer of my residence and drug store. Located in a nice little railroad town, in a rich delta country; above overflow; good schools, churches and water. Address Dr. G. W. Fletcher, Tillar, Ark.

Prof. J. H. Reynolds, acting president of the University of Arkansas, in his address of welcome to the students of the medical department of the university, said that as the medical profession is not of individual but of public nature, the medical school, as well as the other departments of the university, should be supported by the state.

Dr. Loyd Oscar Thompson, director Arkansas Pasteur Institute and Hygienic Laboratory, has received a government license to manufacture and sell anti-rabic virus. This permit followed an inspection of his laboratories by an officer of the government Public Health Service.

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### Married.

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The wedding of Dr. Percy Riddler of Fort Smith to Miss Ethel Weir Kelleam, also of Fort Smith, took place on Thursday, the 14th of November.

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### News Items.

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Prof. C. H. Brough of the University of Arkansas addressed the medical students at the college, Second and Sherman streets, on November 16. He presented the educational needs of Arkansas, with special reference to sanitation and hygiene, and told of the good work accomplished by medical men in attempting to instruct and inform the laity of the state in regard to conservation of health. He emphasized his opinion that the state should render the medical department of the university substantial aid. His speech was very inspiring to the young men who have chosen this profession for their life work, and the happy manner and clearness of expression so characteristic of the speaker, when dwelling on the educational work in Arkansas, made his interest in medical matters especially attractive.

### AMENDMENTS

To the constitution and by-laws, offered at the Hot Springs meeting, to be presented at the next meeting in Little Rock, May, 1913, for adoption or rejection:

That Section 13, Chapter IX, of the by-laws be amended to read by inserting the words "on or before March 1 of each year," instead of "thirty days before the annual session."

That Section 14 of the same chapter be amended to read "thirty days," instead of "ten days."

Amendment to Section 5, Chapter V, of the by-laws: In addition to the section as it stands, the following shall be added: "No member shall be eligible to any office of this society who is not in attendance at the meeting at which the election is held."

"Be it Resolved, To amend Section 11 of Chapter IX of the by-laws to read as follows: 'Section 11. At a meeting on the second Tuesday of December of each year, each county shall elect its officers and a delegate or delegates,' etc."

"Be it Resolved, That Section 2, Article IX, of the constitution be amended to read as follows (following first sentence): 'The terms of the councilors shall be for three years, those first elected serving one year, two and three years, as may be arranged, so that after the first year three councilors shall be elected, after the second year three, and after the third year four, each to serve three years from his election.'"

"Be it Resolved, That Section 5, Chapter IX, of the by-laws be amended to read as follows: 'Section 5. (Following first paragraph of section.) Undergraduates possessing the other qualifications of membership may become members of the county society by complying with the following requirements:

"They shall apply to the president and secretary of their county society for membership. This application to be accompanied by a certificate of good character from the citizens of the applicant's community. This application is to be sent by the secretary of the county society, with accompanying certificate of character and suitable recommendation to a Board of Censors of the Arkansas Medical Society. This application shall be passed upon by this Board of Censors

and returned to the county society with suitable recommendation as to its acceptance or rejection, after which it shall take the usual course of applications of graduates by being submitted to the vote of the county society and any other requirements.

"The action of the Board of Censors is not to be mandatory, but wholly advisory, and is merely an aid to protect the county society from undesirable members.

"Members coming in under this ruling shall be entitled to all the rights and privileges of all other members in both state and county societies, except that of holding office in the State Council."

### SPOROTRICHOSIS IN ARKANSAS.

The following is a report of a case of sporotrichosis which has recently been shown in the skin clinic of the medical department of the University of Arkansas:

**Patient.**—J. N.; male; aged 22. The cutaneous history of the family is negative. The patient is a native of Denmark, but has recently lived in Kansas for a number of years. His general health has always been exceptionally good, and there is no history of a serious illness.

**Present Illness.**—Two months ago, while working on a farm in Kansas, he noticed a small papule on the back of his right hand, which rapidly enlarged to the size of a half-dollar, containing some pus and serum, with no subjective symptoms. About two weeks ago, five or six weeks after the appearance of the first papule, a hard, cutaneous nodule developed on the forearm, and two or three days later a second nodule appeared a little higher up, and then another, and at intervals of a few days other lesions developed, until finally a chain of nodules extending from the wrist to the shoulders.

There is no involvement of the epitrochlear or axillary glands, and no elevation of temperature.

**Physical Examination.**—This patient, an intelligent young man, has a florid, smooth skin. A thorough general examination failed to reveal any abnormal condition of the internal organs. The right hand is slightly swollen, and on the back of the hand is a well defined oval ulcer, with a rough, bright red, granulating base. The surrounding epidermis is undermined, and there has been an abundance of grayish, tenacious pus. The areola of hyperemia which usually surrounds an inflamed wound is quite narrow, and there are no red streaks extending up the arm. Just above the wrist the nodules are soft and compressible and of a purplish color, while the more recent nodules, higher up on the arm, are hard, and the overlying skin normal in color. The signs which commonly mark the presence of an ascending cellulitis are absolutely lacking. Temperature has been normal.

**Bacterial Examination.**—Both the bacteriological and microscopical examinations confirmed the clinical diagnosis.

**Treatment.**—Potassium iodide in doses from 2.0 to 3.0 gm. per day. Locally, tincture of iodine.

### THE NEW SAUNDERS BUILDING.

W. B. Saunders Company, medical publishers, are now established in their new building on West Washington Square—an ideal site, right in the heart of Philadelphia's new publishing center.

The remarkable success of this house and the rapid growth of their business, with the increased facilities which this growth demanded, necessitated removal to larger quarters. They therefore erected a seven-story building, housing all their departments under one roof.

Constructed of reinforced concrete, the building is absolutely fireproof, and equipped with every modern aid for the manufacture and distribution of medical books and for the comfort and convenience of their employees.

A cordial invitation is extended the profession to inspect the new plant.

### County Societies.

#### SEBASTIAN COUNTY.

(Reported by Dr. E. C. Myers, Secretary.)

Fort Smith, Nov. 20.—The Sebastian County Medical Society met in this city on the evening of October 22, 1912.

The following resolution was offered and unanimously adopted, on motion by Dr. J. G. Eberle:

"Whereas, This society has received the sad news of the death of Dr. Edwin R. Dibrell, president of the Arkansas Medical Society; therefore, be it

"Resolved, That in the death of Dr. Dibrell our profession has lost a man distinguished for his medical learning, conspicuous as an ethical gentleman, and prominent in the medical affairs of the state.

"Resolved, further, That we tender our sincere sympathy to his bereaved widow and children and the other members of his family on account of their great and irreparable loss.

"Resolved, That a copy of the above be sent by the secretary of this society to the widow of Dr. Dibrell, and a copy be given the Arkansas Medical Journal for publication, and that a copy be spread upon the minutes of this society."

## PULASKI COUNTY.

(Reported by Dr. J. B. Dooley, Secretary.)

Little Rock, Nov. 20.—The Pulaski County Medical Society met in regular session, November 18. Members present: Drs. E. Bentley, J. G. Watkins, McCurry, Harris, May, Saxon, Greene, Caldwell, Thompson, Deshon, Ogden, McGill, Vaughter and Dooley.

The essayist for the evening, Dr. W. T. McCurry, read an interesting paper on "Acute Coryza," which elicited a very general and helpful discussion.

Under the report of committees the following resolution was read and adopted:

"Whereas, It has pleased the Supreme Ruler of the Universe to remove from our midst our worthy member, Dr. Edwin R. Dibrell, who died October 20, 1912; and

"Whereas, His upright life, his honorable character, his brilliant intellect, his studious life and his surpassing skill in medicine have merited and have been accorded the highest honors within the gift of this society and the State Medical Society, and merited recognition beyond the state borders; and

"Whereas, His surpassing skill as a teacher has left its impression for good upon the hearts and minds of the hundreds who have listened to his clear, direct and forceful presentation of the facts of medicine, be it

"Resolved, That the medical profession has lost one of its most brilliant men, the medical school a most efficient teacher, the city and state an honored citizen.

"Resolved, That his high ideals, his lofty purposes, his good deeds, have endeared him to his profession and to the community as one whose loss is irreparable.

"Resolved, That we extend to his family and other relatives our sincere sympathy in this great bereavement.

"A. R. STOVER,

"EDWIN BENTLEY,

"J. L. GREENE,

"Committee."

## JOHNSON COUNTY.

(Reported by Dr. L. A. Cook, Secretary.)

Clarksville.—The Johnson County Medical Society met in this city November 4, in the office of Drs. Hunt, Kolb & Hunt.

Members present: Drs. L. C. Gray, president; Annie Hays, vice president; L. A. Cook, secretary; R. N. Manley, G. D. Hud-

leston, S. M. Graves, W. R. Hunt, E. H. Hunt, J. S. Kolb and G. L. Hargraves. Visitors present: Dr. W. A. Snodgrass of Little Rock, councilor for the Eighth district.

The program for the evening was as follows:

"Medical Organization in Arkansas," by Dr. W. A. Snodgrass.

"Abortion," by Dr. W. R. Hunt.

"Clinical Cases," by Drs. E. H. Hunt, G. L. Hargraves and W. R. Hunt.

An interesting and helpful discussion followed.

At the next meeting of the society Dr. G. D. Huddleston will read a paper on "Dys-tocia."

Dr. Walter J. Hunt has moved to Hartford, and has been given a card transferring his membership to the Sebastian County Medical Society.

Johnson County Society expects to increase its membership in the near future.

## INDEPENDENCE COUNTY.

(Reported by Dr. O. J. T. Johnston, Sec.

Batesville.—The Independence County Medical Society met in this city December 2, with the following members present: Drs. L. T. Evans, Barren Fork; V. D. McAdams, Cord; Paul Jeffrey, Bethesda; J. Hayden, Jamestown; O. L. Bone, Cushman; T. N. Rodman, Newark; J. W. Case, R. C. Dorr, F. A. Gray and O. J. T. Johnston, Batesville. The scientific program comprised the following papers:

"Purpura," by Dr. T. N. Rodman.

"Hemorrhagic Fever," by Dr. O. J. T. Johnston.

Interesting discussion followed the reading of both papers.

Officers for the ensuing year were elected, as follows:

President, Dr. L. T. Evans; vice president, Dr. J. Hayden; secretary-treasurer, Dr. O. J. T. Johnston; delegate to the State Medical Society, Dr. Paul Jeffrey; alternate, Dr. L. T. Evans.

## Book Reviews.

**The Blood of the Fathers.**—A play in four acts. By G. Frank Lydston, M. D., of Chicago. Cloth; 243 pages. Published by the Riverton Press, Chicago, 1912.

This little volume is a plea for marriage control and regulation, matrimonial discrimination, protection of the unborn, sterilization of degenerates, elevation of the morals

and tone of our police systems, and a study of criminology in general.

The following are some of the enjoyable extracts:

"We go on marrying and giving in marriage criminals, lunatics, epileptics, inebriates and syphilitics and breeding more of their kind! We go on hanging and jailing criminals and ignoring the children from whom criminals are made. We go on paying out for the cure of crime and its evil congeners more money than we spend for our children's education! We go on with maudlin sentiment and savagely oppose practicality and common sense in matrimony—society's very corner-stone! And we pretend to be an intelligent social system!

"Love is not a bad guide—to the jail, the asylum, the hospital—and to Reno. When love comes in at the door, reason flies out of the window. Love is the greatest transmuter of human base metals. With his magician's wand and a skill that Hermann himself might have envied, the little blind god blithely transforms an epileptic, a gonorrheic, a lunatic, an imbecile, an inebriate or a criminal into a rosy ideal.

"The intellectual side of this soulmate and affinity business is largely bunk, anyhow. It's a lame excuse some people give for primitive instincts.

"Hartwell admitted having had two sweethearts—'one, the girl I was going to marry when I grew up; the other, the same girl grown up.'

"Bad nutrition, bad heredity, dirt and social imbecility are the devils that underlie crime.

"Every child has a right to be well born, and we must help him to come into his own. He can't select his own parents, hence we should do some selecting for him. It is for society to say whether the marriage license shall be a ticket to hell for souls unborn."

The dramatic form of this book is chosen merely as a vehicle, and is most effective in driving home a social lesson.

**An Introduction to the Study of Infection and Immunity. Including Serum Therapy, Vaccine Therapy, Chemotherapy and Serum Diagnosis.** By Charles E. Simon, M. D., Professor of Clinical Pathology and Experimental Medicine, College of Physicians and Surgeons, Baltimore. Octavo, 301 pages; illustrated. Cloth, \$3.25 net. Lea & Febiger, publishers, Philadelphia and New York, 1912.

This work is an exposition of one of the most recent, most important and most prom-

ising developments which have thus far occurred in medical science, namely, the laboratory revelation of the processes by which the human organism protects itself from disease, or if the defense is overcome, by which the infections establish themselves. The results of the study of this subject are so far-reaching and of such extreme practical value that every practitioner should familiarize himself not only with the essential basis upon which the new science of immunology has been established, but also with its application to diagnosis and treatment. The author has not attempted to cover the subject exhaustively, but has presented only representative methods, the intention being above all to emphasize the principles which are involved and to furnish an idea of the general character of immunological technic. New terms are introduced in a gradual manner, so that the physician may acquire them as he proceeds with his reading.

**Muscle Spasm and Degeneration in intra-thoracic inflammations.** Their importance as diagnostic aids and their influence in producing and altering the well established physical signs; also a consideration of their part in the causation of changes in the bony thorax, and **Light Touch Palpation**, the possibility and practicability of delimiting normal organs and diagnosing diseased conditions within the chest and abdomen by very light touch. By Francis Marion Pottenger, A. M., M. D., LL. D., Monrovia, Cal. Sixteen illustrations. Published by C. V. Mosby Company, St. Louis, 1912. Price, \$2.00.

**The Practitioner's Visiting List for 1913.** An invaluable pocket-sized book containing memoranda and data important for every physician, and ruled blanks for recording every detail of practice. The Weekly, Monthly and Thirty-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The Sixty-Patient Perpetual consists of 256 pages and blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil with rubber, and calendar for two years. Price by mail, postpaid, to any address, \$1.25. Thumb-letter index, 25 cents extra. Descriptive circular showing the several styles sent on request. Lea & Febiger, Publishers, Philadelphia and New York.

**Pellagra.**—A treatise on pellagra for the general practitioner. By Edward Jenner Wood, S. B., M. D., chairman of the Pellagra Commission, North Carolina Board of Health; fellow of the London Society of Tropical Medicine and Hygiene; formerly president of the Medical Society of North Carolina. Thirty-eight illustrations in text. Published by D. Appleton & Co., New York and London, 1912.

It has been attempted in this volume to present, in addition to the writer's vast experience, an abstract of the literature on the subject, for the use of the general practitioner who wishes an abridged discussion of

such a subject. While Dr. Wood is not a believer in the maize theory, his book presents the matter from the standpoint of the zeist as well as the anti-zeist.

With a great deal of clearness the author describes the general characteristics of pellagra. He takes up the skin manifestations, the digestive disturbances and the nervous and mental changes, and states that the most important symptom of pellagra is the skin manifestations. Without this symptom, under ordinary conditions the diagnosis should never be made.

Under treatment he refers to the favorable results that have come from the employment of sodium cacodylate, and emphasizes the importance of rest and diet.

We can recommend this book to the physicians who wish to become familiar with this disease. It is a credit to the writer, as well as the publisher.

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**A Treatise on Diseases of the Hair.**—By George Thomas Jackson, M. D., professor of dermatology in the College of Physicians and Surgeons, Medical Department of Columbia University, and Charles Wood McMurtry, M. D., instructor in dermatology in the College of Physicians and Surgeons, Medical Department of Columbia University, New York. Octavo, 366 pages, with 109 engravings and 10 colored plates. Cloth, \$3.75 net. Lea & Febiger, Philadelphia and New York, 1912.

As the authors state, the average physician feels himself all at sea when he is confronted with a disease of the hair or scalp, and this little book supplies what is really a great need in the English language. The authors have drawn freely from the remarkable productions of Sabouraud and Darier, and they have treated, briefly, it is true, yet sufficiently in detail for the general practitioner, the essential affection of the scalp and hair. The first few pages are devoted to the anatomy, physiology and hygiene of these organs, and one is glad to see their suggestions in regard to the control of barbers and especially their comments in connection with that antiquated custom of singeing the hair.

The essential diseases of the hair are dwelt on at some length, especially alopecia prematura and alopecia areata.

Following these affections, the inflammatory diseases of the hair follicle are taken up, and then the parasitic diseases.

The last part of the book is devoted to the diseases of the hair secondary to dis-

eases of the skin. Taken all in all, the volume is very well written and the illustrations are good. The book is to be recommended both to the practitioner and the specialist.

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**Tumors of the Jaws.**—By Charles L. Scudder, M. D., surgeon to the Massachusetts General Hospital. Octavo of 391 pages, with 353 illustrations, six in colors. W. B. Saunders Company, Philadelphia and London, 1912. Cloth, \$6.00 net; half Morocco, \$7.50 net.

The object of this volume is to familiarize the practitioner with a condition not frequently met with. The author has availed himself of all the general medical literature on this subject which he was able to obtain, and has given special attention and study to the clinical material at the Massachusetts General Hospital.

The aim of the work is two-fold: That of assisting the physician to determine the form and treatment of a new growth in a given case, and to vivify each particular jaw tumor by statistical and case history, so that new growths may be easily recognized in their early stages.

Dr. Scudder's book fills a want that has existed since the beginning of this branch of surgery, and it will be received with enthusiasm.

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**Differential Diagnosis.**—Presented through an analysis of 385 cases. By Richard C. Cabot, M. D., assistant professor of clinical medicine, Harvard Medical School. Second edition. Octavo of 764 pages, illustrated. W. B. Saunders Company, Philadelphia and London, 1912. Cloth, \$5.50 net.

Dr. Cabot has reserved the customary method of classification according to disease, and very wisely since, if one knows what disease to look under, his differential diagnosis is already made. He has also gone contrary to modern precedent in classifying according to symptoms rather than physical, chemic and other methods of investigation. In so doing he has followed the order in which cases naturally appear. More than half the book comes under the diagnostic heading of "Pain," variously subdivided: Fevers, Chills, Haematuria, Dyspnea, Jaundice and Nervousness follow. The chart suggests Butler's and the arrangement of the work the Case History series, a comparison which is in no way odious, and in no way derogatory to the originality of the work.

**Diseases of the Genito-Urinary Organs and the Kidney.**—By Robert H. Greene, M. D., professor of genito-urinary surgery at the Fordham University, New York; and Harlow Brooks, M. D., assistant professor of clinical medicine, University and Bellevue Hospital Medical School. Octavo of 605 pages, profusely illustrated. W. B. Saunders Company, 1912, Philadelphia and London. Cloth, \$5.00 net; half Morocco, \$6.50 net.

This work combines both surgical and medical treatment, being the joint work of a surgeon and a clinician. It is a book that appeals especially to the general practitioner, because just those conditions with which he comes in daily contact are emphasized; because office treatment is given unusual prominence; because the subject is presented in a clear, forceful way.

Diseases of the kidney receive perhaps greater attention than is given in any other work of this size. The medical treatment of Bright's disease, uremia, etc., is elaborately presented. Surgical procedures are described minutely and each step illustrated by clear, helpful line drawings.

The volume will be found of value to all, and we commend it to our readers.

**The Immediate Cure of the Injured.**—By Albert S. S. Morrow, M. D., attending surgeon to the workhouse and to the New York City Home for the Aged and Infirm. Octavo of 340 pages, with 238 illustrations. W. B. Saunders Company, Philadelphia and London, 1906. Cloth, \$2.50 net.

A volume that contains such information as this ought to be advertised not only to physicians, but to nurses and laymen. There is nothing described that a competent medical man does not already know—or is supposed to know—and to such the book is interesting only as a compilation. The eight chapters on Anatomy and Physiology are elementary in character, and designed especially for lay readers. The directions for bandages, dressings, splints and emergency measures are described clearly, in sufficient detail, with many photographic illustrations that greatly aid the text. Everything in both text and picture is familiar and requires no special comment, aside from perfunctory commendation for work well done. The book, or its information, ought to be in the library of every family.

**Home Nurse's Handbook of Practical Nursing.**—A manual for use in home nursing classes, in Young Women's Christian Associations, in schools for girls

and young women, and a working text-book for mothers, "practical" nurses, trained attendants, and all who have the responsibility of the home care of the sick. By Charlotte A. Aikens, author of "Hospital Management," "Hospital Training School Methods," "Primary Studies for Nurses," "Clinical Studies for Nurses;" 12 mo. of 276 pages, illustrated. W. B. Saunders Company, Philadelphia and London, 1912. Cloth, \$1.50 net.

This is essentially a book for the home. The author says: "Few, if any, women escape the responsibility of the care of some sick and helpless one. All women have the responsibility of the nursing of health in the home, or the prevention of disease." The field the writer has chosen for the present volume is home nursing as distinct from the more elaborate technique of hospital practice. This home nurses' handbook is up to the standard of the other works on nursing by the same writer. It is one that the physician can confidently recommend to families who employ him.

**Cyclopedia of American Medical Biography.**—By Howard A. Kelly, M. D., professor of gynecologic surgery at Johns Hopkins University, Baltimore. Two octavo volumes averaging 525 pages each, with portraits. W. B. Saunders Company, Philadelphia and London, 1912. Per set: Cloth, \$10.00 net; half Morocco, \$13.00 net.

In these volumes it is the purpose of the author to give a brief outline of the life of every medical worthy who has lived in the United States and in Canada. There is also included a number of the pioneers who did great work with insufficient means and assistance in the border countries in the early days.

It has been the author's aim as well to bring into these volumes those of our craft who, after taking a degree, have not practiced medicine, but have become imminent in some other branch of science, and from time to time there is admitted a few brief biographies of men who have done no special work but who have attained great local prominence by strong personality.

The work is subdivided so as to secure biographies from three classes of co-laborers: First, those who agreed to take charge of sections of the country, one or more states; second, those who agreed to take charge of the various specialties; third, those who wrote individual biographies.

The cyclopedia closes with the 31st of December, 1910.

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# THE JOURNAL

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This is the official Journal of the Arkansas Medical Society. All communications should be addressed to the Journal of the Arkansas Medical Society, State Bank Building, Little Rock, Ark.

### Original Articles.

#### THE ROLE OF THE APPENDIX IN INDIGESTION.\*

By J. P. Runyan, M. D.,  
Little Rock.

I feel deeply grateful for the privilege of presenting for your consideration the role of the appendix in the etiology of chronic indigestion.

In selecting this subject I have been prompted by several considerations, chief among which is a desire to elicit a discussion from the society upon a subject that, in my opinion, is quite an important one, and one that has not been given the serious thought by the profession at large that its importance justifies.

Text-books are woefully deficient in their description of a certain group of cases familiar to every general practitioner. I refer to those cases of so-called chronic indigestion.

Before the era of abdominal surgery the pathology of chronic indigestion was little understood, consequently the treatment was entirely empirical.

The medical profession is slow to accept innovations in medicine, and, because of the time-honored custom of treating by internal medication the symptom complex, known as chronic indigestion, even though we now know that these symptoms are the result of diseases of some abdominal organ, which is usually amenable to surgical treatment and seldom ever permanently relieved by internal medications, we continue to delude ourselves and disappoint our patients by failure to recognize the true pathology. Maurice H. Richardson says: "The whole history of a case is full of the contingencies of error, but by far the most serious and prolific is the error of the failure of recognition."

Fully nine-tenths of all cases of chronic indigestion, from my experience and observation, are due to one of three conditions, namely, first, a diseased appendix; second, a diseased gall bladder; and, third, an ulcer of the stomach or duodenum. Probably more than half this number is due to chronic appendicitis.

I do not believe that one who has had an attack of appendicitis is ever entirely well until after removal of the appendix. This statement makes it unnecessary for me to add that I do not think that internal medication will cure any case of appendicitis.

\*Read at the Fifth Annual Meeting of the Third District Medical Society, at Wynne, Ark., October 29 and 30, 1912.

Failure to remove the appendix in such a person means failure to effect a permanent cure, and, in many instances where no further acute attacks develop to spur the patient to demand relief at the hands of his medical adviser, a chronic semi-invalidism may develop, the chief symptom of which condition is manifest by the digestive disturbances which, for lack of a better name, is called indigestion.

Twenty-five years ago the ukase in acute appendicitis was: "If the patient goes into collapse, send for the surgeon." Imagine the many disasters which occurred as the result of this practice before the profession realized the necessity for early and immediate surgical intervention in every case of acute appendicitis. How long before we shall recognize that in chronic appendicitis, although the symptoms are not so glaring and compelling, surgery is just as necessary, if we avoid the disaster of chronic indigestion and possible acute appendicitis with all the complications that may follow in its wake?

You will pardon me for again quoting from the late distinguished Boston surgeon who says: "The safe captain is he who sees disaster and provides for it by avoiding all possibilities. So the safe physician and surgeon takes his measures according to the possibilities of his case; he avoids disaster when, by foresight, he can do so. He takes a small risk to avoid a large one. The surgeon advises the trivial danger of a timely exploration that will prove the truth rather than the insurmountable danger of a delay that makes exploration imperative. He will operate in chronic abdominal diseases when an accurate diagnosis is impossible and cure certain, rather than when diagnosis is certain but cure impossible. The disasters of chronic and obscure disease make the death and disaster of radical surgery most prolific. We have, I think, carried the success of acute surgery nearly as far as it can be carried. The results seem hardly capable of improvement. It remains to demonstrate a road that will lead to almost invariable success in chronic and obscure surgery. That road lies through improved powers of diagnosis." How true is this last assertion! Diagnosis is so important! In acute cases diagnosis is not so often overlooked, but it is in the chronic cases, in which there appears no special reason for hurry, that error

so often creeps in. In so many individuals who come under my observation suffering from so-called indigestion I am able to trace the origin of the trouble to an abdominal colic, it may be several years prior to the time of consulting me. These patients sometimes complain of a fullness in the stomach after eating, belching, sour stomach, headaches, pylorospasm and other discomforts.

They tire easily upon exertion, are sallow of complexion, and sometimes lose a few pounds in weight. It is astonishing in what a remarkably short time after removal of the appendix these patients regain color in their cheeks, sparkle in their eyes, and otherwise exhibit signs of returning health and vigor. Why advise a patient, known to have had one attack of appendicitis, to wait for the second when the second may prove fatal before surgical aid may be had, and the interval is nearly always fraught with digestive disturbances second in importance only to the dangers of an acute attack?

Speaking of the disasters in surgery, Maurice Richardson says: "With our skill and experience in abdominal diagnosis and treatment, why is it that in chronic abdominal diseases our disasters are legion and our results deplorable? The reason is, in a word, that chronic abdominal diseases lack the element of immediate necessity. In emergencies the necessity for surgery is glaring and compelling, even to the patient and friends; in chronic cases there is no spur to action."

This sounds the keynote to our indifference to the pleas of patients who fill our offices from day to day requesting that we do something for the relief of their so-called stomach troubles. How long shall we continue to treat chronic indigestion without a thorough understanding of the pathology?

Why not locate and remove the cause, whether it be due to cholecystitis, with or without gall stones, duodenal or gastric ulcer, chronic appendicitis, or what not?

We complain as a profession of the sale of patent medicines. Are we not, in a measure, responsible for the sale of much of it because of our inability to recognize and remove the pathology?

As the drowning man catches at the straw, so does the chronically sick man, who fails to get relief, resort to patent medicines in the vain hope of being permanently benefited. It is my opinion that when we are

able successfully to recognize the cause of chronic digestive disturbances and are able to remove it the solution of the patent medicine problem will be easy.

A careful stomach analysis combined with a carefully prepared history of the symptoms will usually determine whether we have to deal with ulcer of the stomach or duodenum. Ulcer having been eliminated, it remains to differentiate appendicitis from cholecystitis. Here again the history of the case must guide us. Where we are not able satisfactorily to differentiate, one should not hesitate to do exploratory incision to determine the true nature of the pathology.

To summarize:

A diseased appendix is often responsible for a chronic indigestion.

So far as our present knowledge goes, we know of no internal medication to cure appendicitis.

Removal of the appendix does cure.

Delays are dangerous, because of the possibility of complications.

When it is impossible to arrive at a differential diagnosis an exploratory operation is justifiable, at which time one should be prepared to remove whatever pathology one may find that requires removal.

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### PUBLIC HEALTH.\*

By W. A. Evans, M. D.,  
Chicago.

Mr. Chairman, Gentlemen of the Arkansas Medical Society, Ladies and Gentlemen:

Instead of talking to you on the general subject of health, I am going to talk about a more restricted subject. To begin with, I am going to tell you of the effort that is being made to interest the national government in the health of the people of the country; of the effort that is being made to persuade the national government to parallel that which they are doing and have been doing for a long time for agriculture, for stock raising, for the dairy industry, for various manifestations of agricultural and horticultural development in this country; that they shall parallel these efforts

with efforts for the preservation and for the betterment of that which is the greatest resource that we have, to-wit—the people of the country. And then, after I have spoken for a while on that question, I am going to speak perhaps more concretely, more directly and perhaps more to the point to you people of Arkansas on what I believe the State of Arkansas should do for the conservation of the health of the people and the reasons for the doing of it.

A while ago your chairman, in introducing the first speaker of the evening, said that health was a thing that could not be bought. I think I understand the way in which he made that statement, and I think I understand the meaning that he intended to be conveyed by that statement. But, in a certain sense, I wish to take issue with him on that point. I say in a certain sense, because certainly in no offensive sense have I this wish. I believe that after a certain base line has been passed that health is bought; that we have just the degree of health that we pay for; that it is essentially a matter of dollars and cents; that the health that we have is the health that we really wish to have, however much we may aver to the contrary; that the protection against disease that we have is only the protection against disease that we are willing to pay for in one way or another. And I trust in what I have to say tonight that you will bear in mind that this is the thing that I have in mind.

I am not talking from the standpoint of human sympathy; I am not talking from the standpoint of unnecessary tears that flow from lives that are unnecessarily sacrificed. In what I have to say to you, I am talking from a commercial standpoint; I am talking from the standpoint of dollars and cents. And when I argue for health, I argue for health not that human sympathies may be preserved, not that hearts may be left unbroken, but that dollars may be saved.

An effort is being made to interest the national government in health work, and this effort is being combatted in certain parts of the country by an organization. I understand—in fact, I have been quite definitely informed—that this organization is exercising its activities in this state, perhaps in this community. And so I am going to take up a part of your time in answering the arguments that I have heard

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\*An address delivered at the public meeting held by the Section on State Medicine and Public Hygiene, of the Arkansas Medical Society, at the Thirty-sixth Annual Session, at Hot Springs, May, 1912.

them make, and, in consequence, I believe the arguments that they have in all probability made to some who are within the hearing of my voice, or that will be made to some who are here tonight.

I want to say that I trust that you people who are here will avail yourselves of every opportunity that offers to read everything that is printed on this Senate Bill No. 1, commonly called the Owen bill, and I sincerely trust that you will read what is said in opposition to it, because I believe that to the careful thinking person the best argument for the bill is a reading of the bill in the light of the statements that will be made, that you will hear made or that you have heard made, in opposition to it.

The Owen bill is a bill that proposes to amalgamate the various bureaus that are now in existence into one bureau to be known as the Public Health Service, and to create several additional bureaus and attach them to this service; to take the Marine Hospital and Public Health Service from the position that it now occupies in the Treasury Department, where there is no kinship, no relationship, no harmony between it and the other bureaus of that department, and place it as the center around which the other bureaus will be clustered; to take from the Agricultural Department the Bureau of Chemistry, that bureau that was responsible for the National Pure Food Law, the bureau that was responsible for the administration of the law after it had been passed, and, what is of infinitely greater consequence, the bureau that is responsible for the public sentiment that stands behind that law and without which no administrative or judicial or legislative effort would have been successful; to transfer from the census office the Bureau of Vital Statistics to the end that the statistics of births and deaths, of causes of death, of preventable illness, may be studied in the light of their relation to efforts to prevent disease, to the end that there may be intelligent effort for the prevention of preventable disease; to transfer to this independent Health Service that bureau just created, just inaugurated, the Child Hygiene Service; and to create a bureau to be known as the Bureau of Sanitary Engineering, whose function it will be to study the large engineering problems of sanitation, problems that

are partly interstate problems, problems that have to do with the disposal of sewage and in some measure of other types of waste; problems that have to do with water supply, particularly where those sources of water supply are coming to more than one state. And this is the service, the independent Public Health Service that it is sought to create by this bill which is termed the Owen bill, or Senate Bill No. 1.

Now, what are the arguments that are alleged? What are the arguments that are urged against this bill? One of them is that it will discriminate against schools of medicine; that it is an effort on the part of one school of medicine, that which is commonly termed, or rather frequently termed, the allopathic school of medicine, to advance its interests at the expense of the interests of other schools of medicine. I want you, in considering this point, to bear in mind the distinction between preventive medicine and curative medicine. There is a difference between the dogmas of different schools of medicine when we are considering the cure of disease, but there is no difference in dogma, and there is no such thing as a school of medicine, when it comes to the question of prevention of disease, save in so far as one point is concerned, a point to which I will presently refer.

I am not going to answer that argument at any length. I am going to ask you to keep clear in your mind this; that this Public Health Service is a service that has nothing to do with the practice of medicine; that it is a service that has to do exclusively with the prevention of disease, and then on top of that, to remember this, which is the reading of the bill; and before I read it I am going to say to you that your president has received a few hundred copies of this bill with the Senate Committee's report transmitting it to the Senate. He had intended to distribute them here tonight. They will be ready for distribution tomorrow, and anybody who belongs to the Arkansas Medical Society, or anybody who is sufficiently interested, whether they belong to this society or not, can have a copy of the bill, and so you can read for yourselves just what the bill says, and you can judge whether the reading is as I am reading it to you now.

Under Section 3 is this:

"And provided further, that the Health Service established by this act shall have no power to regulate the practice of medicine or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice; and all appointments within the Health Service, including the head of the service, shall be made without discrimination in favor of or against any school of medicine or of healing."

And I submit that there is no interpretation of those words that can be properly drawn that is in accordance with the statements that are being made by the opponents of this bill. The regulation of the practice of medicine is by virtue of the police power. The national government has no power save those that are specifically delegated to the national government by the constitution or its amendments. Any question or any power that is not delegated to the national government by the constitution or its amendments rests with the state governments. That is true of the police power, and it is under the police power that the practice of medicine is regulated. Therefore Congress, the Senate of the United States, the House of Representatives, the national legislative body, could not pass a law regulating the practice of medicine in the United States or in any state thereof that would be a constitutional law. Nevertheless, in order specifically to answer that objection raised, that particular wording was inserted.

Another argument is that this will make for state medicine, that this Owen bill will mean that the national government would undertake the control of the practice of medicine; and now this provision:

"Provided, that this act shall not be construed as attempting to authorize the Health Service to exercise or attempt to exercise, without express invitation from the chief executive or other proper authority of the state, any function belonging exclusively to such state, or to enter any premises without the consent of the owner or occupant thereof; but the director of health, upon request of the chief executive or other proper authority of any state," may lend the service to any state preferring such a request. And this is the reply to

the argument or to the assertion of those who say that under the operation of this Owen bill the national government would have the right to come into the State of Arkansas without the permission or sanction of the governor of Arkansas and exercise its prerogatives or its supposed prerogatives under this law within this state; that the national government under this Owen law would have the right to go into your home, located in the State of Arkansas, to invade the privacy of that home, to invade your personal rights and liberties within that home. And I suggest that no legal mind could so interpret the wording of that law, but rather that the law specifically states that such power is not conferred by the Owen bill, an unnecessary provision, as I have already stated, since such is not the power of the national government, and the Senate of the United States nor the House of Representatives could give to an officer of the national government any police power within a state of the Union except where such service is rendered with the co-operation of and at the request of the executive of the state, or, in some instances, the government of the municipality. And this is a part of the same argument, the argument that it represents an interference with individual liberty, and one of the objections ordinarily urged is that it interferes with the liberty of selecting your own practitioner of medicine or your school of medicine. I have, I think, sufficiently demonstrated that it does not do this. Another argument is that it would interfere with the liberty that you have in the control of your own home, and I think that that has been sufficiently answered.

I have listened to a great many of these speakers. I remember hearing a speech by Mr. Flower of New York City, in which he argued that all we needed in this country we had already, and that was the Marine Hospital Service. I think I will be able to prove to you presently that we need far more than the Marine Hospital Service, in order that there should be proper health conservation in this country. What I am now saying runs rather to the sincerity of that argument, for I heard him then turn around and attack the Marine Hospital Service, and prove, or attempt to prove, that our liberties were being invaded, that

democracy was being threatened, and that which was threatening us was the bureaucracies that were developing in different parts of the country; and as proof of this he submitted one, and the forefront of his argument was the harm that was being done by the bureaucratic Marine Hospital and Public Health Service.

He told of California's experience with the plague. He told you in February, 1900, the Marine Hospital Service said there was plague in San Francisco, and of Governor Gage, who went to Washington and succeeded in persuading President McKinley to declare that there was no plague in San Francisco, and this was proof of the harmful action, of the harmful effect, of bureaucratic action in the State of California, and he told this story running from February, 1900, until June, 1900, and there he stopped his statement. But the unfortunate part of it was this, the unfortunate part is to be found in the continuation of that story. It was true that in February, 1900, Kenyon, of the Marine Hospital Service, found plague in San Francisco; it was true that he established a quarantine in and around San Francisco; it was true that the Southern Pacific Railroad controlled their governor, Gage by name, and forced him to go to Washington, where the national government was forced to call off the Marine Hospital Service as Flower said they were. But the burning truth is this: A while later it was demonstrated beyond question that Kenyon was right—Kenyon, who had been hounded out, not only of California, but out of the Marine Hospital Service and driven into exile, because, forsooth, he stood his ground like a man. The Southern Pacific Railroad, acting through Governor Gage, drove Kenyon out of the Marine Hospital Service. Then it became patent to everybody that plague was in San Francisco. The states surrounding California would not trade with San Francisco; because they knew, not only that there was contagion there, but there were liars and cowards there. Liars and cowards are worse than plague. (Applause.) And so, in the course of less than a year, the State Board of Health of California, the San Francisco Board of Health and the governor, the three together, went to Washington and plead with the Marine Hospital Service

to come back to California and take charge of that situation. They went back there, and they spent four years in cleaning up the Chinese quarters. They spent \$800,000.00 in doing what would have been done with \$10,000.00 had Gage and the Southern Pacific Railroad kept their hands off of California. And so it was cleaned up in the Chinese quarters. A while later a case was discovered in the ship-plying, coastwise on the Pacific coast, and the work had to be begun over again, and so a second effort at cleaning California was inaugurated, and three million dollars have been spent, practically a total of four million dollars, to rectify an error that was committed in 1900.

I mention these things as running to this proposition: That Flower was not sincere, since as a part of the same argument he forthwith took that service and made his attack on that service the forefront of his argument against the Owen bill, saying that democracy was endangered by this development of bureaucracy.

Again, I heard on last Saturday a speaker before the City Club in Chicago argue, as did Senator Works in the United States, and as did Governor Bates of Massachusetts before a committee of the United States Senate, that it was not necessary to do more, since state and municipal governments were doing all that need be done; and on the same day that Mr. Coonley in Chicago argued this before the City Club, every daily paper in Chicago carried an advertisement from the League of Freedom, and in that advertisement there was an attack upon the agencies of municipal and state health government. There was an attack upon school inspection, there was an attack upon school nurses, upon vaccination, upon every activity that municipal health departments are engaged in. I merely offer this as proof of their lack of sincerity; as further proof of their lack of sincerity, if you please. They say that we are getting along fast enough in this country, and as proof of that they offer, not the testimony of the men of living, but of William James. I don't know how well you are acquainted with William James, the distinguished professor of psychology at Harvard University, a master mind, a mind that inhabited the body of a cold, calculating reasoner, a mind that did not fully approve of many of the activi-

ties of the medical profession. When Mr. Coonley began to cite this statement from William James, I thought perhaps William James had made good with his promise to come back from the spirit world, for he was a spiritualist, and he believes that those who have gone before have the power of communicating with those that are left behind. When he stated that he had a statement to read from William James, I thought perhaps that William James had come back with a message from the spirit land, but I had no such treat in store. Rather, the argument was an argument that William James made before the Massachusetts legislature a quarter of a century ago, not in opposition to the Owen bill, but in opposition to a bill for the suppression of quackery, and I trust that if any of you hear this William James' argument, if any of you listen to this argument, that you will remember that it is not something William James said of the Owen bill, but something that he said of some legislation against quackery that was pending before the Massachusetts legislature a quarter of a century ago.

I have a very definite idea as to what all of this means. My mind on the subject is very clear. My opinion has matured as the result of having heard their very ablest lecturers argue, of having heard the very ablest arguments that their solicitors have offered. And those of you who are perhaps disposed to be disturbed by this distortion of the issue, I trust will read the Christian Science Monitor, and read the masterly and logical speech of their counsel, Governor Bates of Massachusetts. Governor Bates' mind works far too true to occupy its time with the petty things that they commonly say. His mind hews straight to the issue, and it makes the issue clear, and I trust you will read it and read it carefully, because it permits of a proper lining-up of the people of this country on one side or on the other side of this great issue. He says that nothing is being done in this country for health. He says that fear of disease, that thought of disease is provoking of disease. He says that there will be less of disease when less attention is paid to disease. And I believe that he has rendered a material service to this issue, since he has made it plain. Now, those who believe that

all is being done in America for the preservation of the people of America can line up on the side of the League of Freedom, and all of those that believe that the future holds better things for the men and women of this country than the past has held can line up on the other side of the issue.

I tell you, ladies and gentlemen, what it means in my judgment. It means nihilism; it means anarchy. I have been afraid of the future of this country up to date. But, as I see it, it means nothing more than that.

I was in Grand Rapids, Mich., a while ago. I participated in a campaign there where the issue was the control of the public school system of the city of Grand Rapids. They sought to control it in order that they might put at an end all of these efforts to develop the physical child hand in hand with the development of the mental child. They cannot be other than nihilists and be logical. If they are true to the principles that are theirs, they are against all material things and all things that grow out of the material. To my mind, it is as plain as the day that this nihilistic step against this measure for the betterment of the people of the country will be followed by other nihilistic steps—efforts made to banish school inspection, to banish vaccination, to banish the control of drugs, to banish all of those things that represent the better efforts in this newer day.

Now, coming back to the point from which I started, I want to make this point clear in your minds. That is, that there is a difference, an essential difference, between the practice of curative medicine and the practice of preventive medicine. Now, I think I will go back still further and illustrate my point and tell you of the development of health departments, particularly in those parts of the country where they have been better developed. The health department began primarily as an effort of the community to protect itself against contagion, and when contagion threatens to desolate a community, to lay its commerce prostrate, the people back up those health departments and give them all the support they ask. But when the threat of contagion has passed, sympathy with health department work is lost, and so health departments steadily passed from activities in the direction of prevention of contagion into activities for the preservation

of human lives, and then on into another state, and that is activities for increasing the efficiency of man, and when that stage has come, not only is sympathy with health department work brought out any better, but it is more constant and more uniform; when men understand that those who labor for them, when they are sick and decrepid, and not only labor improperly, but labor unprofitably, and that men who are inefficient from bad inheritance and from preventive disease, from physical inefficiency, that men of that type are an incubus upon the industries of the country in which they live. All men in the rough are divided into two classes—those who carry and those who are carried. And the burden of the deficient from bad inheritance and from preprison or the man who passes his day in the insane asylum, the burden of the pauper, of the sickly, the burden of the helpless, the blind, the cripple, is on the carrying members of society. Your commerce, your trade, your agriculture, your manufacturers, your industries, your energy, your effort, is being sapped by those who are on your shoulders.

A while ago this forenoon I came through a flooded district to the east of you, and I listened to the arguments of the men who were in the sleeper in behalf of having the national government protect your lands from overflow. I learned of the millions of acres of land that could not be used in overflow seasons by reason of this overflow, not of a state stream, but of an interstate stream; an overflow of water that is not Arkansas water, but is Colorado water and Indiana water and Illinois water. I heard men say that the national government had spent four hundred million dollars for Panama; that one man cultivated 40,000 acres of land for cotton in the Imperial Valley, and when his farming interests were menaced by the overflow of the Colorado River into the Salton Sea, the government stepped into the breach. But here millions of acres, thousands of people and great quantities of activities are unused and unusable by reason of an uncontrolled stream with interstate relations. They wondered why it was. I will tell you why I think it is. I think it is, ladies and gentlemen, because you in Arkansas are not in the Union. You in Mississippi across the river are not in the

Union. Your problems are not made the problems of the people all over this country. When there is disaster in Illinois, in New York, the national government instantly comes to the aid of those people. When there is disaster in the Mississippi Valley in these cotton states, these states that seceded from the Union, the government does not instantly come to your aid. I believe that you are not playing the game, and that is the reason that the government is not at your command as the government is at their command. Now, I am going to develop that idea further.

Thousands, hundreds of thousands, millions, tens of million dollars, are paid out over the Northern states, not once a year, but once a month, keeping ready money flowing at all seasons of the year in that part of the country. Assistance is rendered for the development of their infant industries. And this has been going on for half a century, while you in Arkansas, in Mississippi, in Alabama, in Georgia, in Louisiana, have been sitting idly by. Those men, in consequence, have acquired enormous advantage over you; they have accumulated wealth; they have accumulated machinery; they have accumulated resources. They have you at a disadvantage.

Now, if this is true, I am not going to argue it further. There is one thing for which you must stand above every other thing, and it happens that this issue at the present time is growing and presently will become a dominating issue, and that is men and women. If men and women are conserved, are cultivated, are bred right and raised right into health and efficiency, then there is a development of the best resource that this country has. It is there that you can stand equal with them. If my point is true, then Illinois can afford to be without a health department, but Arkansas cannot afford to be without a health department. (Applause.) If my argument is true, Massachusetts can allow its women to suffer and grow weak, its children to be unhealthy, and depend upon its manufacturers and its artificial resources. But Mississippi must depend upon its men and its women. Massachusetts can afford to neglect its health department, but Mississippi cannot afford to neglect its health department. I believe that the age of man is dawning. I trust

that it may be possible for some of you to read a most interesting book by the Englishman Moore, called "The Dawn of the Health Age," and the dawn of this new age is the dawn of the age of man as contrasted with the age of money and of material resource. To you it represents an unusual opportunity for yourselves. Civilization has traveled from East to West. The empire is moving along those parallels. Now, there are no waste places in this country. There are no undeveloped districts to be found within these United States. There is no place where congestion may pour its hordes where comfort and room can be found. But, thanks to American achievement, a way to the South has been found. And, thanks to American achievement, it has been proven that tropical countries can be made free, and that through law there is liberty, that through law, the law of science applied, Cuba, Panama and the countries to the south of us can be made a country where men will labor under a high degree of efficiency. That means that the gateway that is being opened up is the gateway that leads to the South, and you in Arkansas stand at the portals of that gateway. You can stand idly by and see the men of the North flow by you into that undeveloped land, to develop its resources and to reap its rewards. Or, you in Arkansas can see the opportunity that lies to the south of you and can take advantage of those opportunities.

You are now under the stress of inefficiency from malaria that is uncured, from hookworm that is uncontrolled. I say to you that there is not an acre of ground in the State of Arkansas whose value is not decreased by reason of the fact that you have malaria here. You haven't an acre of ground that is tilled in this state that is yielding as much as it should or as much as it could if malaria was banished from your state. The banishment of malaria is a thing that can be done, the control of the hookworm is a thing that can be accomplished—can be accomplished, however, only as you are willing to pay to have it accomplished. It cannot come by talkings; it cannot come through wish or hope; it will only come as you spend brains and money, authority and power, to the end that these problems may be solved. (Applause.) You will have health in Arkansas just in

proportion as you are willing to pay for that health.

And now, then, ladies and gentlemen, as my final word. Money can be spent without a return; effort can be exerted without a proper return. The necessity is that that money should be backed by public intelligence. The necessity is that your men and women everywhere should understand the necessity of these health problems, should understand that they are in reality your problems. The medical profession is in a position to see the development of preventive medicine more clearly than the average citizen can see them. Until the time comes when you can see this, not only as your duty, but as your opportunity, it is the duty of the medical profession to be leaders in this great work of preventive medicine. But, as I see it, the time will come, and that before long, when leadership in this will pass from them to other hands. And, in arriving at this conclusion, I look at the history of Germany and of England.

I see that in Germany great health movements as such were able to reduce pulmonary consumption about 25 per cent and infant mortality about 40 per cent, and other preventable diseases to about the same degree. Then there came a time when under those auspices, when under that leadership, no further improvement was possible. At that time there loomed in the history of Germany a master, far-seeing mind, the mind of Bismarck, and so there was inaugurated in Germany the great insurance scheme that meant for Germany a further decrease in pulmonary consumption and in infant mortality, that meant for Germany a greater increase in the efficiency of the German working man.

In England, likewise, the medical profession led this movement of preventive medicine until the year 1911, and then dawned in the mind of that great political leader, Lloyd-George, that great mind, far-seeing, that if England were to maintain her own in competition with Germany, if England was to be a world power as was Germany and as England always had been, it was necessary to protect the men and women of England, and so the Lloyd-George insurance bill became effective on May 1, 1912, under the provisions of which consumption will be reduced at least 25 per cent lower

than it could have been under the other scheme, and infant mortality will drop still lower, and English working men will work at higher efficiency than they have ever worked before. Thanks to the insurance scheme, the children of England will be better born than they have ever been born before.

The medical profession, the Arkansas State Medical Society, the American Medical Association, will carry this work on, taking and bearing the obloquy, taking and bearing the vituperation, the abuse that will be heaped on them, taking and bearing the blame of improper motives that will be ascribed to them, carrying that as a part of their load and as a part of the duty that they owe society. They will carry that banner until the time comes when somewhere in this broad land—and I pray God that it may be in this Southland—some man will be born with mind bright enough, with

vision clear enough, to see that the great problem of our land is the conservation of the people of our land; to see that the great hope of our land is through the people of our land; to see that competition is now world-wide, that you are raising cotton in competition with the world, that your manufacturers are competing with the manufacturers of the world, that you are not an idle people, that you are not living your lives alone, but that you are part of the great commercial fabric of the world. And you will not be able to compete with Germans save as you work for men and women as Germans work for men and women; that you will not be able to compete with the English save as you work for men and women, as your competitors, the English, work for men and women. And God grant that the man born to see this thing, the man with bravery and with courage to carry out this thing, may be a man of Southern birth.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### THE NEW FISCAL YEAR.

The Arkansas State, as well as the various County Societies, is in line with the suggestion made by the American Medical Association that the fiscal year be made to coincide with the calendar year. This would avoid endless confusion, and it is to be hoped that all other states will adopt the recommendation.

The secretaries of county societies are now sending statements to members of their dues for 1913. It is both the duty and to the interest of every physician to support his county medical society, and it is urged that they pay their dues promptly, even at some slight personal sacrifice, so that their good standing in the state society will be established from the beginning of the year. Prompt payment also makes lighter and more agreeable the work of your county society secretary. He can then send in his report and the dues to the state secretary.

He should not be expected to send in partial reports and remit dues in dribbles, nor to have to dun delinquent members. He can forward his complete report and remittances promptly only by the members paying up promptly. A prompt secretary means a whole lot to a society. It has been said, "No secretary, no society," and it is true to a great extent.

Give your secretary a chance to be prompt.

### A DISGRACE TO THE STATE.

Seeking protection against the spread of spinal meningitis, the town of Marianna had to call on the Memphis Board of Health for aid. It is a disgrace to this state that a sister state has to be called on to give relief because of the failure of the legislature to make the necessary appropriation to enable the State Board of Health to do effective work.

Various towns in north Louisiana have cases of spinal meningitis, and steps should be taken to prevent importation from that source. Appeals from Arkansas towns for aid are of necessity unheeded by the State Board of Health because of lack of means.

The hands of the State Board of Health are tied.

Just digest this startling fact:

ARKANSAS IS THE ONLY STATE IN THE UNION WITHOUT A PROPERLY EQUIPPED, EFFECTIVE STATE HEALTH DEPARTMENT.

The health of her citizens should be the first care of the state.

A bill was introduced in the last legislature creating a Board of Health with enlarged powers and carrying appropriations. It was not defeated by fair and square methods. "It disappeared." In other words, it was stolen as the cowardly means of defeating it. The objections to this bill and who stole it are now dead issues.

The one imperative thing is:

THAT THE LEGISLATURE MUST PROMPTLY RELIEVE ARKANSAS OF THIS STIGMA AND GIVE THE STATE THE PROTECTION DEMANDED BY INVESTING THE BOARD OF HEALTH WITH THE NECESSARY POWERS AND FUNDS.

## MAYOR TAYLOR'S RE-ELECTION.

It is perhaps a trifle late to offer congratulations to Mayor Charles E. Taylor on his re-election, but the Journal had gone to press with the December number before the election. However, it is more in order to congratulate the people of Little Rock for having re-elected him to serve them for another term.

Undoubtedly the work inaugurated under his administration for the preservation of the public health was an important factor in securing his re-election by so large a majority. Among the important measures of this kind have been the inspection of milk and dairies, inspection of slaughter houses and of meats brought in from the country, screening of foodstuffs exposed for sale or consumption in stores, soda fountains and restaurants, establishment of a garbage collection service and the reorganization of the City Health Department, with additional physicians, and inspectors working under the supervision of that department, which makes possible the enforcement of the various health ordinances.

Not many years ago a mayor committed to such ideas would have been laughed at as a faddist. A few years ago the housefly was regarded at the worst as a harmless nuisance. So far from being feared as a disseminator of disease, the fly was actually regarded as a sanitary agent. Articles were published setting forth that the fly, observed under a glass, was seen to use its legs to rub its body free of dust accumulations, roll them into a ball and eat the ball, thus disposing of germ-laden particles which might otherwise have infected people. There was tradition, as unfounded as most traditions, that the years of plague among human beings and murrain among cattle were notable as having been flyless.

But the people have become enlightened. Everybody now knows that the fly, as well as the mosquito, is a disease carrier, and the screening of houses and of foodstuffs is done not only on the score of comfort and decency, but health preservation. Ordinances demanding screening of foodstuffs, inspection of milk, dairies, meats and cattle are welcomed by the citizenry and opposed only for selfish reasons by some purveyors of such articles who object to the loss contingent on condemning diseased cattle or

unfit meat, milk, ice cream or other edibles.

A majority given Mr. Taylor of nearly two to one over his opponent is convincing evidence that the mayor's administration has met with emphatic public approval and that there is a general desire to see the good work go on.

## BOARD OF HEALTH AND THE HOOK-WORM CAMPAIGN.

The State Board of Health is to be most heartily commended for its action in publishing for public distribution an "Educational Bulletin on Hookworm Disease and Rural Sanitation." Education in sanitary matters is the one hope for the extermination of hookworm disease, and all diseases (and their name is legion) directly and indirectly propagated by soil pollution. For by the media of the housefly and otherwise, every kind of germ disease may be scattered as the result of soil pollution. It is only of late years that people have begun to understand something of this. Yet many thousands in the rural districts are in ignorance of these facts, and there is too much indifference and carelessness in city and county alike, even where there is knowledge of the conditions favorable to germ carrying. Between ignorance and indifference, a full co-operation on the part of the public with plans for sanitary reform is seriously handicapped.

In the "Swat the Fly" campaign a cartoon was circulated all over the United States showing the line of flight of a fly direct from a garbage pile, through an open, unscreened window, to the tempting roast on the dining table. It is probable that this cartoon did more toward creating a healthy prejudice against the fly than volumes written by sanitary scientists. This was caused less by any widespread acceptance of the fact that the fly is a germ carrier than by the repulsive fact that particles, however minute, were conveyed from the festering garbage pile or manure heap directly to the food on the table. On the whole, the masses do not read scientific dissertations or the proceedings of health conferences, but the forceful cartoon educates by a single glance where the written word is not read. A certain prudery and fastidiousness prevented the showing of the infinitely more revolting picture of the fly

making its progress from the indecent, unsanitary closets in almost universal use outside of sewer districts, direct to the table food. Yet some such heroic treatment is necessary to overcome the prevailing ignorance and indifference on this all-important subject.

The bulletin begins with historical data showing soil pollution to be as old as the human race, its dangers recognized by the first sanitary authority, Moses. A history of hookworm disease is given dating from its discovery in 1838, by Dubini, in Italy, and the American discovery in 1901, which began the agitation for its elimination, which received a new impetus by the munificent gift of Mr. Rockefeller in establishing and endowing the Hookworm Commission. There are illustrations, life size and greatly enlarged, of the hookworm, the eggs and the encysted embryo. The methods of infection and the symptoms are fully described, with the diagnosis, effects and treatment. Even more important is the instruction as to prevention and eradication, and illustrations are given of the unsanitary closet of the old-fashioned type and the sanitary closet protected against flies and other insects, chickens and domestic animals. Furthermore, there are photos of a number of victims of the disease in its more or less advanced stages. The bulletin should do an inestimable amount of good throughout the state.

Hookworm disease has been one of the greatest obstacles in the way of lowering the death rate in the South, and it is even held by many authorities that it has done more to retard this section than the Civil War, with all its devastation. That the feeling of general lassitude and lack of energy so common in the South, falsely attributed to the climate, is the result of widespread hookworm disease, is undoubtedly true in the light of recent investigation.

There is hope for the future, however. The people are being awakened and are availing themselves of the opportunity to cast off their lethargy and come into their pure Anglo-Saxon inheritance. It is only a matter of time before this great resistance-lowering agent will be entirely eradicated, and this is made possible by the Rockefeller Commission and the zeal of the physicians working to accomplish its human ends.

\* In Arkansas the Department for the Eradication of Hookworm Disease consists

of Dr. C. W. Garrison, state director of sanitation; Dr. T. B. Bradford, Dr. T. M. Fly and Dr. E. A. Campbell. These physicians give their time exclusively to the duties pertaining to the campaign for the eradication of hookworm disease, working under the State Board of Health, consisting of Dr. J. P. Runyan, president; Drs. J. G. Eberle, T. J. Stout, O. O. Williamson, R. L. Smith, Charles Dake and Morgan Smith, secretary and executive officer. These able physicians have the full confidence of the people of the state, and should have their zealous support.

#### ANNUAL REPORT ON HOOKWORM.

The annual report for 1912 of the State Board of Health, Hookworm Department, shows a large amount of work done, but it also shows a lamentable amount of neglect of ordinary sanitary precaution and appliances—and an absence in many cases of the observance of the ordinary decencies of life in twentieth century civilization. Thus of 7,500 homes inspected in rural districts, 47 per cent were equipped with ordinary toilets, without protection from flies, insects, fowls and domestic animals.

This is bad enough, but what shall we say of the fact reported that **the remaining 53 per cent have no closet conveniences at all!** Of course, it is conceded that homes inspected were not of the high-class type, but in this enlightened age it is inexcusable that even in the most sparsely settled sections of the state any home should be wholly without closets. Such a way of living is not only unsanitary, it is not decent.

Furthermore, the report states, in the same counties wherein these 7,500 homes were found so badly equipped, an inspection of mills, rural schools, churches, etc., revealed the fact that only one in ten was equipped with closets, and those of the usual unsanitary type.

The report as to homes shows individual indolence and indifference. The report as to mills, schools and churches shows a more dangerous condition of community indifference to the ordinary requirements of civilization.

The report shows a total of 3,807 persons examined, of whom 1,842 were found to be infected with hookworms, 63 infected with other parasites, and 1,955 free of infection.

A total of 2,258 received treatment by staff physicians.

In the educational work 374 public, school and special addresses were delivered, attended by 39,983 persons. Of literature in the form of pamphlets and bulletins, 57,889 pieces were distributed; 15,000 circulars and personal letters were sent to physicians, teachers, ministers, club women and others.

Investigation in fifty-eight of the seventy-five counties in the state demonstrated the existence of hookworm disease in every one. There were no investigations in the remaining seventeen counties. That hookworm disease exists in every county investigated, and that about 50 per cent of all examinations demonstrated that the persons examined were suffering from the disease, shows how widespread the infection is all over the state. This is a powerful argument for the co-operation of physicians, ministers, teachers, public officials, club women, lawyers, mill owners and others employers of labor and public citizens generally, in the work of eradicating it.

The report lays stress on soil pollution as the chief factor in infection, and in recommending the use of sanitary toilets admits meeting with only limited success in having them adopted. This is the one thing to keep hammering at. It is hard to get out of the rut of centuries of precedent. Outside of the cities the world has advanced little in that line since the days of Moses. There are many difficulties in rural districts, where adequate sewerage is impracticable. There are no septic tanks or reduction or incineration plants. There is no ready scientific way of disposing of the accumulation of feces. Hence the easy, centuries-old, dangerous way is "back to the soil," with its train of evils following soil pollution.

One most excellent suggestion is made in the report in urging the duty of physicians living outside of sewered districts to adopt sanitary toilets in their own homes as an example. This appeal should be heeded: It is sheer waste of time for the physicians to warn their neighbors against the dangers of soil pollution while their own households contribute to the pollution. The doctors should not only instruct along the line of public health and sanitation, but should lead the way as a great center column.

## SOUTHERN CONFERENCE ON HOOKWORM.

The Third Annual Southern Conference for the Eradication of Hookworm Disease was held in Little Rock, at the Hotel Marion, December 17, 18 and 19. The first day Dr. Wycliffe Rose of Washington, D. C., administrative secretary of the Rockefeller Commission, delivered an address on "Business Methods of the Service."

"Infection Survey," "Dispensary Methods" and "Publicity" were discussed by Drs. Porter, of New Orleans; Dinsmore, of Alabama; Leathers, of Mississippi; Fort, of Georgia, and McCormack, of Kentucky.

A most interesting feature of the second day's meeting was the demonstration of the technic of making examinations of specimens, by Dr. Lillian H. South of Kentucky, who stated that the apparatus she used made three hundred examinations a day easy of accomplishment. It was Dr. South who attracted national fame last year when she announced the housefly as a carrier of hookworm disease, she having found the larvae in active stage on the legs of flies.

Dr. McCormack of Kentucky spoke on the relation of tuberculosis and hookworm disease, citing ninety-one cases diagnosed clinically to the Bureau of Vital Statistics as tuberculosis, but which, on microscopic examination, proved to be severe cases of hookworm disease. Discussion led to the unanimous expression of opinion that microscopic examination should be the basis of treatment.

Interesting papers were read by Dr. Lock, Kentucky; Dr. J. G. Orr, Alabama; Dr. C. L. Pridgen, North Carolina; and Dr. H. H. Howard, Mississippi.

The most important topic, "Sanitary Toilets," held the attention of the conference on the closing day. It was the universal opinion that the solution of the problem of hookworm disease was in preventing soil pollution. Dr. Rose had stated earlier in the conference that the commission would never accomplish its work in the South until every person had learned that to pollute the soil is no less a crime than to scatter poison broadcast. It was unanimously recommended that sanitary toilets should be established in every school house, court house, church, jail, poor house and in every public and private place.

Dr. A. I. McCormack of Kentucky exhibited a device possessing some features of the septic tank. Exhibits were also made by Dr. Wright of Louisiana and Dr. A. G. Fort of Atlanta.

The following officers were elected for the ensuing year:

Dr. Olen West of Nashville, Tenn., president; Dr. A. G. Fort of Atlanta, Ga., first vice president; Dr. La Bruce Ward of Columbia, S. C., second vice president; Dr. Sidney D. Porter of New Orleans, secretary.

The time and place for the next annual meeting was left to the Executive Committee.

Dr. Morgan Smith of Little Rock was elected an honorary and permanent member of the conference.

Our readers may think too much space is accorded to hookworm in this issue. But the recent Hookworm Conference, the report of the Board of Health, Hookworm Department, and the importance of the subject combine to furnish ample excuse, if any is needed.

### Personals and News Items.

Dr. C. S. Pettus of El Dorado has moved to Little Rock and has purchased the practice and office equipment of Dr. A. E. Sweatland. The hospital conducted by Dr. Pettus in El Dorado has been closed.

Dr. A. E. Sweatland of Little Rock will move, February 1, to Nacogdoches, Texas, having recently bought the Nacogdoches Surgical Hospital.

The following physicians visited Little Rock this month: C. A. Archer, De Queen; R. E. Rowland, El Dorado; M. L. Norwood, Lockesburg; C. H. Holt, Fort Smith; C. C. Reed, Hensley; R. A. Hilton, El Dorado; G. S. Brown, Conway; W. A. Montgomery, Atkins; W. W. Hippolite, DeVall's Bluff; T. B. Bradford, Cotton Plant; J. E. Sparks, Crossett; A. E. Cone, Portland, and D. W. Goldstein, Fort Smith.

### REPORT OF THE STATE MEDICAL BOARD.

Dr. F. T. Murphy, secretary of the State Medical Board of the Arkansas Medical Society, submits the following list of successful candidates of the examination held November 12, 1912:

Austin, Charles P., Cabot.  
Barr, Austin F., Williford.  
Bates, Charles Albert, Claunch.  
Callahan, Eugene A., Carlisle.  
Crutcher, William, Pine Bluff.  
Connor, D. Jos. (col.), Ryan.  
Carter, Lucretia A. (col.), Helena.  
Clark, Wm. Henry G. (col.), Memphis, Tenn.

Cathey, Arley D., Wilton.  
Deaderick, Wm. H., Marianna.  
Davis, Edw. Gates, Combs.  
Davidson, Jos. S., Marvell.  
Doggett, Sylvester, Gypsy, Mo.  
Ellis, Ira Wall, Jonesboro.  
Francis, John Wesley, Ashdown.  
Hope, Oliver Wilburn, Fordyce.  
Hodges, Guy, Little Rock.  
Luck, B. D., Pine Bluff.  
Moore, Wm. Pink, Newark.  
Melton, Andy S., Snowball.  
McAdams, Wm. P., Lake City.  
Shelton, Thos. Harden, Hot Springs.  
Dodd, James Henry (col.), Vian, Okla.

### MICROBES LURK IN SUGAR BOWLS.

Surgeon General Rupert Blue of the United States Public Health Service has declared that loaf sugar bowls in lunch rooms and cafes were very probable carriers of many diseases. He believes that means should be taken by restaurant proprietors to keep their sugar covered, and compel the customers to use sugar tongs instead of their fingers when helping themselves to loaf sugar. Persons with tuberculosis and other communicable diseases are liable to convey them by putting their fingers into the bowl. —New Orleans Medical and Surgical Journal.

# A BILL

FOR

AN ACT to be Entitled "An Act for the Better Protection of the Public Health, and for Other Purposes."

*Be It Enacted by the People of the State of Arkansas:*

SECTION 1. Within thirty days after the passage of this Act,  
2 it shall be the duty of the Governor to appoint a State Board of  
3 Health, consisting of seven persons, one of whom shall be chosen  
4 from each congressional district in this State. In the event that  
5 the said congressional districts be increased or decreased, that  
6 the membership of said Board shall increase or decrease in ac-  
7 cordance therewith. Each member of the State Board of Health  
8 shall be a graduate of a legally constituted and reputable medical  
9 college and of at least seven years' experience in the practice of  
10 his profession in this State, and shall be of good professional  
11 standing.

SEC. 2. Each of the members of the State Board of Health  
2 so appointed shall take the oath of office prescribed by the con-  
3 stitution for State officers, and be commissioned by the Governor  
4 in the same manner as other State officials. The members of the  
5 said Board shall hold office for four years; *provided*, that the  
6 first members so appointed shall serve as follows: Two until  
7 January 1, 1915; two until January 1, 1916, and three until  
8 January 1, 1917; *provided*, however, that the Secretary shall hold  
9 office for four years from appointment. The members first ap-  
10 pointed shall determine among themselves their respective terms  
11 of office, they shall elect one of their number as President, and  
12 they shall also elect a Secretary, who may or may not be a mem-  
13 ber of the Board, and who shall possess all the qualifications and  
14 have all the powers of the members of the Board. The said Sec-  
15 retary shall be known as the State Health Officer, and shall be  
16 the executive officer of the Board, and perform such duties as may  
17 be prescribed by the Board or required by this Act.

SEC. 3. The Arkansas State Board of Health shall meet at  
2 least once a year, or as often as may be necessary in the interest  
3 of the public health, upon the call of the President or a majority  
4 of the members of the Board.

SEC. 4. The Arkansas State Board of Health may adopt by-  
2 laws regulating the transaction of its business and provide therein  
3 for the appointment of committees to whom it may delegate  
4 authority and power for all duties committed to them, and may  
5 also adopt and use an official seal. A majority of the members  
6 of the Board shall constitute a quorum for the transaction of  
7 business and perform such duties as the Board may prescribe.

SEC. 5. The State Board of Health shall have general super-  
2 vision and control of all matters pertaining to the health of the  
3 citizens of this State. It shall make a study of the causes and pre-

4 vention of infectious, contagious and communicable diseases, and,  
5 except as otherwise provided for in this Act, shall have direction  
6 and control of all matters of quarantine regulations and enforce-  
7 ment, and shall have full power and authority to prevent the  
8 entrance of such diseases from points without the State, and shall  
9 have direction and control over all sanitary and quarantine meas-  
10 ures for dealing with all such diseases within the State, and to  
11 suppress the same and prevent their spread.

SEC. 6. Power is hereby conferred on the Arkansas State  
2 Board of Health to make all necessary and reasonable rules and  
3 regulations for the protection of the public health, and for the gen-  
4 eral amelioration of the sanitary and hygienic conditions within  
5 the State, for the suppression and prevention of infectious, con-  
6 tagious and communicable diseases, and for the proper enforce-  
7 ment of quarantine, isolation and control of such diseases; *pro-*  
8 *vided*, however, that where a patient can be treated with reason-  
9 able safety to the public health, he shall not be removed from his  
10 home without his consent, or the consent of the parents or guard-  
11 ian, in case of a minor, and said rules and regulations, when so  
12 made, shall be printed in pamphlet form, with such number of  
13 copies as may be necessary for the distribution for information  
14 of health bodies, health and sanitary officers, and the public  
15 generally.

SEC. 7. That the State Board of Health shall establish a  
2 Bureau of Vital Statistics and provide an adequate system for the  
3 registration of births and deaths, by formulating and promulgat-  
4 ing rules and regulations prescribing the method and form of  
5 making such registration.

SEC. 8. That the Secretary of the State Board of Health shall be  
2 the State Registrar of Vital Statistics, and it shall be his duty to  
3 carry into effect the rules, regulations and orders of the State  
4 Board of Health. The Board shall provide suitable apartments,  
5 properly equipped with fireproof vaults and filing cases, for the  
6 permanent preservation of all official records.

SEC. 9. That for the purposes of this Act the State Registrar  
2 shall divide the State into registration districts, defining and des-  
3 ignating the boundaries thereof and appointing local registrars  
4 in each district.

SEC. 10. That each local registrar shall be paid the sum of  
2 twenty-five cents for each birth certificate and each death certi-  
3 cate properly and completely made out and registered with him,  
4 correctly recorded and promptly returned by him to the State  
5 Registrar, as required by the rules and regulations. And in case  
6 no births were registered during any month, the local registrar  
7 shall be entitled to be paid the sum of twenty-five cents for each  
8 report to that effect, but only if promptly made in accordance with  
9 the rules and regulations. All amounts payable to a registrar  
10 under the provisions of this section shall be paid by the treasurer  
11 of the county in which the registration district is located, upon  
12 certification by the State Registrar. And the State Registrar  
13 shall annually certify to the treasurers of the several counties

14 the number of births and deaths properly registered, with the  
15 names of the local registrars and the amounts due each at the  
16 rates fixed herein.

SEC. 11. That the State Registrar shall, upon request, fur-  
2 nish any applicant a certified copy of the record of any birth or  
3 death registered under the provisions of this Act, for the making  
4 and certification of which he shall be entitled to a fee of fifty cents,  
5 to be paid by the applicant. And any such copy of the record of  
6 a birth or death, when properly certified by the State Registrar  
7 to be a true copy thereof, shall be *prima facie* evidence in all  
8 courts and places of the facts therein stated. For any search of  
9 the files and records when no certified copy is made, the State  
10 Registrar shall be entitled to a fee of fifty cents for each hour or  
11 fractional part of an hour of time of search, to be paid by the  
12 applicant. And the State Registrar shall keep a true and correct  
13 account of all fees by him received under these provisions, and  
14 turn the same over to the State Treasurer each month.

SEC. 12. That any person, firm or corporation who shall vio-  
2 late any rule, regulation or order of the State Board of Health  
3 relative to recording, reporting or filing information for the  
4 Bureau of Vital Statistics, or who shall wilfully neglect or refuse  
5 to perform any duties imposed upon them by said orders, or who  
6 shall furnish false information for the purpose of making incor-  
7 rect records for said Bureau, shall be deemed guilty of a misde-  
8 meanor, and upon conviction thereof shall be fined not less than  
9 five dollars nor more than one hundred dollars, or be imprisoned  
10 in the county jail not exceeding sixty days, or suffer both fine and  
11 imprisonment, in the discretion of the court.

SEC. 13. Be it further enacted, that the office of county phy-  
2 sician and county boards of health shall be abolished within the  
3 several counties of this State, and that instead the office of County  
4 Health officer is hereby created in each county within this State;  
5 *provided*, however, that county physicians now in office shall serve  
6 as county health officers until the expiration of their present term.  
7 Within thirty days after the passage of this Act, the State Board  
8 of Health shall appoint for each county in this State a county  
9 health officer, who shall serve for a term of two years. The county  
10 health officer shall be a graduate of a reputable medical college,  
11 and shall have had at least three years' experience in the practice  
12 of medicine in this State. Each county health officer shall per-  
13 form such duties as have heretofore been required of county phy-  
14 cians with relation to caring for the prisoners in county jails, and  
15 in the caring for the inmates of county poor farms, hospitals,  
16 discharging the duties of county quarantine, and such other duties  
17 as have been lawfully required of the county physician, and shall  
18 perform such duties as may be prescribed for him under the rules,  
19 regulations and requirements of the Arkansas State Board of  
20 Health. He shall also be required to aid and assist the State  
21 Board of Health in all matters of local quarantine, inspection,  
22 prevention and suppression of disease, vital and mortuary sta-  
23 tistics and general sanitation within his county, and make such re-  
24 ports to the State Board of Health as shall be demanded of him.

25 The County Health Officer shall receive for his services an annual  
26 salary to be fixed by the County Court, which may be payable  
27 monthly out of the county treasury. Upon the failure of the  
28 County Health Officer to perform the duties of his office, as herein  
29 required, he may be removed by the State Board of Health.

SEC. 14. There is hereby established in each city of the first  
2 and second class in this State a City Board of Health, which shall  
3 be constituted as follows: The Mayor of such city shall, at the  
4 first meeting of the City Council after assuming the duties of his  
5 office, appoint not less than five persons, two of whom shall be  
6 physicians, who shall be graduates of a reputable medical college  
7 and of good professional standing, who shall constitute a City  
8 Board of Health, and shall have and exercise the powers conferred  
9 upon such boards by law and by the ordinances of such city.

SEC. 15. The offices of City Physician for the several incor-  
2 porated cities and towns within this State, and Boards of Health  
3 in incorporated towns, are hereby abolished, and instead created  
4 the office of City Health Officer; *provided*, however, that city phy-  
5 sicians now in office shall serve as city health officers until the ex-  
6 piration of their present term.

SEC. 16. The office of City Health Officer shall be filled by a  
2 competent physician, legally qualified to practice medicine within  
3 this State, a graduate of a reputable medical college, and of rep-  
4 utable professional standing.

SEC. 17. It is hereby made the duty of the Mayor in each  
2 incorporated city and town within this State to elect a qualified  
3 person to the office of City Health Officer, said appointment to be  
4 approved by a majority of the votes of the City Council. The  
5 City Health Officer, after appointment, shall take and subscribe to  
6 the constitutional oath of office, and shall file a copy of his appoint-  
7 ment with the Arkansas State Board of Health, and shall not be  
8 deemed to be legally qualified until said copies shall have been so  
9 filed.

SEC. 18. In case the authorities hereinbefore mentioned shall  
2 fail, neglect or refuse to fill the office of City Health Officer as in  
3 this Act provided, then the Arkansas State Board of Health shall  
4 have the power to appoint such City Health Officer to hold office  
5 until the local authorities shall fill such office, first after giving  
6 ten days' notice in writing to such authority of the desire for  
7 such appointment.

SEC. 19. Each City Health Officer shall perform such duties  
2 as may now or hereafter be required by the city councils and ordi-  
3 nances of city physicians and such duties as may be required of  
4 him by general law and city ordinances with regard to the general  
5 health and sanitation of towns and cities, and perform such other  
6 duties as shall be legally required of him by the Mayor, councils,  
7 or the ordinances of his city or town. He shall, in addition  
8 thereto, discharge and perform such duties as may be prescribed  
9 for him under the directions, rules, regulations and requirements  
10 of the State Board of Health. He shall be required to aid and

11 assist the State Board of Health in all matters of quarantine,  
12 vital and mortuary statistics, inspection, disease prevention and  
13 suppression, and sanitation within his jurisdiction. He shall at  
14 all times report to the State Board of Health in such manner and  
15 form as shall be prescribed by said Board of Health the presence  
16 of all contagious, infectious and dangerous epidemic diseases with-  
17 in his jurisdiction, and shall make such other and further reports in  
18 such manner and form and at such times as said State Board of  
19 Health shall direct, touching all such matters as may be proper  
20 for the State Board of Health to direct, and he shall aid said  
21 State Board of Health at all times in the enforcement of proper  
22 rules, regulations and requirements in the enforcement of all sani-  
23 tary laws, quarantine regulations and vital statistics collection,  
24 and perform such other duties as said State Board of Health  
25 shall direct.

2       SEC. 20. The compensation of city health officers shall be  
3 fixed by the Mayor and council of the respective towns and cities  
4 within this State.

2       SEC. 21. The State Board of Health shall establish, equip  
3 and maintain a hygienic laboratory, which shall be used for mak-  
4 ing analyses of foods and drugs, for the purpose of enforcing  
5 pure food and drug laws, and for making investigations of cases  
6 and suspected cases of malaria, diphtheria, typhoid fever, tuber-  
7 culosis, epidemic cerebro-spinal meningitis, glanders, hookworm  
8 disease, rabies, and other infectious, contagious and communica-  
9 ble diseases. All investigations conducted in the said laboratory  
10 shall be free to the people of this State. The said hygienic labor-  
11 atory shall be established and maintained at the Medical Depart-  
12 ment of the University of Arkansas, in connection with the regu-  
13 lar department of chemistry and the department of bacteriology,  
14 and said hygienic laboratory of the State Board of Health shall  
15 be under the direct supervision of the Secretary of the State  
16 Board of Health or his authorized assistants.

2       SEC. 22. All expenses legally incurred for the work of pro-  
3 tecting the public health outside of cities and towns shall be paid  
4 by the county in which the expense is incurred, such claims shall  
5 be allowed by the county when an itemized and verified statement  
6 is filed and approved by the County Health Officer, and the ex-  
7 penses legally incurred for the protection of public health inside  
8 the corporate limits of cities and towns shall be paid out of the  
9 treasury of the cities and towns in which the work is done.

2       SEC. 23. The Arkansas State Board of Health is hereby au-  
3 thorized to publish for general distribution such reports and such  
4 other matter as it may deem adapted to promote the interest of  
5 the public health of this State.

2       SEC. 24. The office of the State Board of Health shall be in  
3 the Capitol, at Little Rock, and the said Board shall be furnished  
4 with all necessary equipment and supplies, including laboratory  
5 supplies, books, stationery, blanks, furniture, etc., as other officers  
6 of the State are furnished, including suitable rooms for its offices,  
7 necessary for carrying on the work of the Board, and to be pro-

7 vided in the Capitol building or other suitable building to be  
8 designated by the Governor.

SEC. 25. The State Board of Health may appoint and em-  
2 ploy an Assistant State Health Officer, who shall be a graduate  
3 of a reputable medical college, of good professional standing, and  
4 who shall have had five years' experience in the practice of medi-  
5 cine, whose duty it shall be to assist the Secretary of the Board  
6 in a general supervision in the affairs of his office, and in the en-  
7 forcement of quarantine and sanitation throughout the State.

SEC. 26. The State Board of Health is hereby authorized to  
2 employ such clerical assistants as may be required to faithfully  
3 and efficiently discharge all the duties pertaining to the business  
4 of the Board.

SEC. 27. The Secretary of the State Board of Health shall  
2 receive annually a salary of \$1,800.00, and the Assistant State  
3 Health officer shall receive annually a salary of \$1,500.00. The  
4 other members of the State Board shall receive no salary, but  
5 each of said members shall be allowed for each and every day he  
6 shall be in attendance upon the meetings of the Board the sum  
7 of ten dollars (\$10.00), including the time spent in transit, and  
8 three cents per mile going and coming for actual expenses, to be  
9 paid on their vouchers when approved by the Secretary of the  
10 Board by warrant drawn by the Auditor against the appropriation  
11 provided by law for that purpose. The salaries of clerical and  
12 other assistants shall be fixed by the Board.

SEC 28. Every firm, person or corporation violating any of  
2 the provisions of this Act, or any of the orders, rules or regula-  
3 tions made and promulgated in pursuance hereof, shall be deemed  
4 guilty of a misdemeanor, and upon conviction thereof shall be  
5 punished by a fine of not less than ten dollars nor more than one  
6 hundred dollars, or by imprisonment not exceeding one month,  
7 or both.

SEC. 29. It shall be the duty of the Arkansas State Board of  
2 Health to make an annual report, through its Secretary, in writ-  
3 ing, to the Governor of this State, on or before the first day of  
4 January of each year, and such report shall include a financial  
5 statement covering the expenditures of all funds appropriated for  
6 its purposes, and so much of the proceedings of the Board and  
7 such information concerning vital and mortuary statistics, such  
8 knowledge respecting diseases, and such instructions on the sub-  
9 ject of sanitation and hygiene as may be thought useful by the  
10 Board for dissemination among the people, with such suggestions  
11 as to legislative action as it may deem necessary.

SEC. 30. There is hereby appropriated and set aside out of  
2 the general revenue of the State the sum of twenty thousand dol-  
3 lars (\$20,000.00), or as much thereof as shall be necessary to pay  
4 the salaries of the members and officers of the board, clerical and  
5 other assistants, and for such supplies as may be required for use  
6 in the hygienic laboratory, for the Bureau of Vital Statistics, and  
7 for the payment of general expenses of maintaining the State

8 Board of Health from the organization of the Board as provided  
9 for in this Act to the end of the biennial period 1915.

SEC. 31. There shall be an annual conference of county health  
2 officers and city health officers of this State, at such time and place  
3 as the State Board of Health shall designate, at which conference  
4 the President or some other member of the State Board of Health  
5 shall preside. The several counties, towns and cities may provide  
6 for and pay the necessary expenses of its County Health Officer  
7 or City Health Officer for attendance upon said conference.

SEC. 32. All laws or parts of laws in conflict with the pro-  
2 visions of this Act are hereby declared repealed.

SEC. 31. Whereas, The public peace, health and safety make  
2 it expedient that this Act and Bill become immediately effective,  
3 it shall be in force and effect from and after its passage.

## County Societies.

### Union County.

(Reported by Dr. J. G. Mitchell, Secretary.)

El Dorado.—The Union County Medical Society met in this city December 9. Present: Drs. Hilton, Moore, Mahoney, Stevenson and Mitchell. The scientific program was as follows:

"Diphtheria," by Dr. R. A. Hilton, followed by a liberal discussion.

Dr. B. M. Stevenson of Strong, Ark., was unanimously elected to membership in this society.

Officers elected for the ensuing year are as follows:

President, Dr. Geo. W. Murphy of Strong.

Vice President, Dr. J. G. Mitchell of El Dorado.

Secretary-Treasurer, Dr. S. J. McGraw of El Dorado.

Delegate to State Society, Dr. F. O. Mahoney of Huttig.

Alternate, Dr. J. G. Mitchell of El Dorado.

### Greene County.

(Reported by Dr. Olive Wilson, Secretary.)

Paragould.—The Greene County Medical Society met in this city December 4. Present: Drs. Baker, Bradsher, Cothren, Vesser, Hopkins, Majors, Owens, Hammett, Dickson, Scott, Chapman, Wilson, McKenzie and Hutchens. Visitors: Drs. Garrison of Little Rock and Jelks of Memphis.

During the session of the society Dr. C. W. Garrison of Little Rock, state director of sanitation, State Board of Health, and Dr. John L. Jelks of Memphis delivered addresses on medical subjects and took part in the general discussion on public health that followed.

Officers were elected for the ensuing year, as follows:

President—Dr. R. E. Bradsher of Marmaduke.

First Vice President, Dr. E. S. Baker of Paragould.

Second Vice President, Dr. W. W. Majors of Walcott.

Secretary-Treasurer, Dr. Olive Wilson of Paragould.

Censors—Drs. P. L. Dickson, Thad Cothren and J. G. McKenzie.

### Yell County.

(Reported by Dr. J. R. Linzy, Secretary.)

Dardanelle. — The regular quarterly meeting of the Yell County Medical Society was held in this city December 10.

The out-of-town members present were: Drs. Smith, Drummond, Berryman and Hays of Russellville, Dr. C. B. Linzy of Plainview, Dr. Robert Cowger of Danville, and Drs. Moore and Jewell of Delaware.

Several interesting papers were read and a number of medical subjects discussed.

The annual election of officers was held, and the following were elected:

President, Dr. Robert Cowger of Danville.

Vice President, Dr. Strait of Birta.

Secretary-Treasurer, Dr. J. R. Linzy of Dardanelle.

Six new members were enrolled.

The next meeting will be held in Ola, February 11.

### Washington County.

(Reported by Dr. Nina V. Hardin, Secretary.)

Fayetteville.—The Washington County Medical Society met in this city January 7.

In the scientific session was given the following symposium on gall stones.

"Pathology and Diagnosis," by Dr. F. B. Young.

"Complications," by Dr. E. F. Ellis.

"Treatment," by Dr. W. N. Yates.

### Mississippi County.

(Reported by Dr. Thos. G. Brewer, Secretary.)

Osceola.—The Mississippi County Medical Society met in Blytheville Tuesday, January 14, with the following program:

Subject—Pneumonia.

"Definition, History and Etiology," by Dr. Webb of Burdette.

"Diagnosis and Complications," by Dr. Owens of Joiner.

"Treatment," by Dr. Sanders of Blytheville.

### Faulkner County.

Conway.—The Faulkner County Medical Society met in this city January 14, and elected the following officers:

President, Dr. J. S. Westerfield.  
 Vice President, Dr. G. W. Blakeley.  
 Secretary, Dr. I. N. McCollum.  
 Councillor, Dr. C. H. Dickerson.  
 Delegate to State Society, Dr. George S. Brown.

Alternate—Dr. W. R. Greeson.

### Conway County.

(Reported by Dr. G. W. Ringgold, Secretary.)

Morrilton.—The Conway County Medical Society met in this city January 15, and elected the following officers:

President, Dr. C. D. Clark.  
 Vice President, Dr. F. Benden.  
 Secretary-Treasurer, Dr. G. W. Ringgold.

### Boone County.

Harrison.—The quarterly meeting and election of officers of the Boone County Medical Society was held in Harrison this week. Interesting papers were read, and the various cases reported were discussed. The new officers are:

President, Dr. L. H. Callen, Bellefonte.  
 Vice President, Dr. J. J. Johnson, Harrison.

Treasurer, Dr. H. L. Routh, Batavia.  
 Secretary, Dr. F. B. Kirby, Harrison.  
 Censor, Dr. L. Kirby, Harrison.

Dr. A. M. Hathcock was chosen delegate to attend the state convention at Little Rock in May. The next meeting will be held early in April.

## Book Reviews.

**Surgery and Diseases of the Mouth and Jaws.**—A practical treatise on the surgery and diseases of the mouth and allied structures, by Vilray Papin Blair, A. M., M. D., professor of oral surgery in the Washington University Dental School, and associate in surgery in the Washington University Medical School, with 384 illustrations, St. Louis, C. V. Mosby Company, 1912. Price, \$5.00.

The volume begins by describing physical examination and anatomical considerations of the mouth and jaws which lead easily into the main considerations, pathology and treatment.

There are forty-four chapters, in which will be found a wealth of detail, accompanied with numerous illustrations.

A chapter on hemorrhage and shock is included. Congenital defects, tumors and

related subjects, such as general and local cancers, are among other important subjects considered under special chapters. We consider this a most valuable book, and can recommend it to both dentist and physician.

**Modern Methods in Nursing.**—By Georgiana J. Sanders, formerly superintendent of nurses at the Massachusetts General Hospital, Boston; 12 mo. of 881 pages, with 228 illustrations. W. B. Saunders Company, Philadelphia and London, 1912. Cloth, \$2.50 net.

In writing these chapters, the author has used a great deal of material from the many excellent lectures given in one or other training school with which he has been connected, and for the practical and technical details he has gone into those adopted by the leading hospitals in America, as well as those with which his own work had made him familiar, especially the Polyclinic Hospital, Philadelphia, and the Massachusetts General Hospital, Boston.

The chapters on elementary bacteriology and theories of immunity lead to the principles governing all our modern methods of nursing, and determine in particular all the details of surgical technic.

The chapter on dieting is compiled chiefly from the dietaries in use in various hospitals, especially the above named.

**Duodenal Ulcer.**—By B. G. A. Moynihan, M. S. (London), F. R. C. S., senior assistant surgeon at Leed's General Infirmary, England. Second edition, enlarged. Octavo of 486 pages, illustrated. W. B. Saunders Company, Philadelphia and London, 1912. Cloth, \$5.00 net; half Morocco, \$6.50 net.

Moynihan's Duodenal Ulcer is a masterpiece of bookmaking. It presents the latest achievements of surgery in a simple and concise literary form, and is a model of the publisher's art. The second edition is brought up to date by a satisfying exposition of the differential diagnosis of duodenal ulcer and the results of x-ray examination of the stomach after the administration of bismuth, as well as of some other minor detail. The reputation of the first edition and incidentally that of the author is maintained by this edition, and the only opinion that we can give is that every abdominal surgeon should have it in his library and should study it carefully. Those whose experience is not great enough to give them individual authority can do no better than follow its teachings with implicit confidence.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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WILLIAM R. BATHURST, M. D., *Editor*

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This is the official Journal of the Arkansas Medical Society. All communications should be addressed to the Journal of the Arkansas Medical Society, State Bank Building, Little Rock, Ark.

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### Original Articles.

#### OUR PROFESSIONS AND THE SICK MAN.\*

By W. A. Snodgrass, M. D.,  
Little Rock.

Mr. Chairman and Fellow Workers:

Twenty years ago this summer I successfully passed the examination required by the Arkansas State Board of Pharmacy and was registered as a licensed pharmacist. I was then, and for several years afterwards, engaged in the retail drug and prescription business. Fifteen years ago I graduated in medicine, and have practiced that profession ever since. I suppose this experience, and having never held political office, is the reason I have been asked to talk at this joint session.

I have been requested to give my views as to the relation that should exist between the pharmacist and the doctor. I could not consistently do this without bringing in the sick man (the patient), as he is the one most vitally affected by the relation between the doctor and the pharmacist. Our sole

reason for existing as professions should be to benefit the sick. After years of close observation and intimate association with both professions, I am firmly convinced that we have done a great many things to shake the sick man's confidence in us. I do not believe half the reports I have heard, and will only enumerate a few that I have investigated and know to be true. Let us for a moment take up a few of the things that members of our profession have done to bring us into disfavor. First, I will give the doctors my attention. I have known a doctor to write five prescriptions and have them filled by his pharmacist for a patient suffering with a slight boil on the back of his neck, caused by wearing a rough collar, when no medicine was needed. I have known doctors to read the prescription registers over in the drug store and boast that they wrote more prescriptions than some other doctor, the next day the other doctor might get in the lead, and then the last patient would get three prescriptions, when one would have been adequate for his trouble. I have known doctors to go into the house of a prosperous patient and look over the entire family, prescribe for each member, send out large quantities of medicine that was never needed or taken, in order to increase the profits of a drug store in which

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\*Read before the joint session of the Arkansas Medical Society and Arkansas Association of Pharmacists, at Hot Springs, Ark., May 16, 1912.

he was financially interested. I have known other doctors who would require their patients to patronize the drug store to which they were personally obligated, against the wishes of the patient and his family, ultimately breaking up a life-long business relation between this family and some honorable pharmacist, who would not pinch off an extra per cent from his customers in order that he might give the crafty doctor a nice room near his store, rent free, for an office. I have known doctors who habitually loafed in certain drug stores, drank all the drinks at the fountain and smoked good cigars without ever paying for either. If Mr. Brown happened to come in and get a cigar, the doctor would engage him in conversation, ultimately prescribe a dollar's worth of medicine for him that cost the druggist a few cents, to in a small measure compensate for the valuable space occupied by him and the smokes and drinks consumed by him. I have known doctors to criticize an honorable druggist as being incompetent and having rotten drugs in his store because he refused to pay the doctor a commission of 20 per cent on all prescriptions sent to his store by the doctor. Is not this enough to shake the confidence of any man, sick or well?

I now wish to bring a few charges against the pharmacists, and show how far some of them err. I know a registered pharmacist who is not a physician, has no knowledge of how to make a diagnosis, who prescribes for all who come to his store with ills. He has quite a large number of patients suffering from venereal diseases who call regularly. He doesn't hesitate to dispense the most powerful remedies upon the diagnosis made by some ignorant old woman or other person, who knows equally as little about the diagnosis and treatment of disease.

I know a druggist who sold a poor fellow three bottles of liniment of his own make, to be applied to his side for broken ribs. The liniment blistered him so that it was impossible to institute proper treatment for the broken ribs for two weeks.

I know a druggist who regularly prescribes and sells medicine to all who come to his store, regardless of the cause or condition of the patient. I know another who repeatedly filled a prescription given by a physician to a disreputable fellow, who had it doubled twenty times, and peddled it out

to his neighbors as being medicine for a certain disease that he had got from the doctor, using his name, until it became current in the community that the distinguished doctor had gone into the patent medicine business.

I know a pharmacist who allowed a prescription containing tincture of opium, deodorized, to be refilled so often, without the knowledge or consent of the doctor, when it was found out months later, one of his most substantial patients had contracted the opium habit and could not possibly break away from it without special treatment.

I know of a case where a prominent man lost all of his teeth because he had a prescription from a good and honest physician refilled so often and continued taking it until he got the accumulative effect of mercury.

I know another pharmacist who makes it a practice to dress wounds in his store, when there are doctors in their offices all around him. The pernicious and dangerous habit that some pharmacists have of giving coal tar products to everybody who comes in complaining of the headache should be stopped, as these drugs are dangerous to all persons. A single dose might be fatal. I saw a poor, ignorant man, who has a large family, a few days ago, suffering from Bright's disease and oedema of the lungs, who told me he has spent over twenty dollars in a certain drug store for cough medicine during the past three months, which, of course, did not benefit him. It is now too late to do anything for his relief.

In the face of these facts, don't you think that the sick man has enough to drive him away from our professions? I am not surprised when I see Christian Scientists and other religious zealots flourish, when they offer divine help to the sick at a reasonable rate. We are all taught to believe in a divinity. I have, up to this time, omitted the patent medicine man. Some members of our profession have gone into the patent medicine business. They are mere vendors of nostrums of which they know nothing. I do not believe any man should be allowed to assume the responsibilities of attending the sick until they are thoroughly instructed in physiology, anatomy, bacteriology, pathology, and diagnosis of disease. After these subjects are mastered, he is then capable of taking up therapeutics and learning

the application and administration of remedies. Patent medicines may be good drugs, well prepared, properly flavored and pleasant to the taste, but none has ever been sold that will diagnose disease. All well informed physicians admit that an early diagnosis is the most valuable thing in the treatment of any disease.

I can't see any excuse for the existence of patent medicines. In this day and time there is no excuse for any layman assuming the responsibility of prescribing for a member of his family, himself or a friend. I have never, in my twenty-five years of association with medicine, known a doctor to refuse to prescribe for any person because he had no money. It cannot be to save expense; it would be poor financing, even if it were, taking into consideration the valuable time and lives that are lost annually because the proper diagnosis of cases of illness were not made early. There is not a physician in my presence who cannot recall cases of appendicitis, where patients died that were treated by drug store proprietors or patent medicines until the disease has gone too far to be relieved by proper treatment, and a valuable life was lost.

Gentlemen, these and other acts by our profession have brought us into disrepute. Our national government has enacted pure food and drug laws to protect her citizens from dangerous drugs, which, to my mind, seems out of order. All drugs and foods are dangerous when improperly used. Who has not known an infant to be thrown into convulsions by improperly feeding it on milk? How many cases of alcoholism have you seen that were caused by improperly taking alcoholic medicines unknowingly? It would be a crime to suppress the sale of opium and its salts; it is the most valuable agent known to therapists for the relief of pain, harmless when properly used, but how many valuable citizens have you known to be ruined by its improper use. Our government can never establish a standard of purity for drugs and medicines that will render them harmless to her citizens while they are sold indiscriminately to all who have the purchase price, and improperly administered. What it should do is to abolish the patent medicine business, place the prescribing and dispensing of drugs in the hands of competent persons, and then start a campaign of education among the laity—how

to procure remedies for disease and teach sanitary measures for the prevention and spread of communicable diseases. Millions of dollars and thousands of lives could be saved annually to the citizens of this community. If our national government should do this, our relations to each other as pharmacists and physicians would be automatic, and we would have no difficulty in keeping in our respective places. The sick man would have no grievance against either of us; but as this condition cannot be for a long time, suppose we adopt the same relation to each other that gentlemen in other lines of endeavor use towards each other—patronize each other, pay each other a legitimate profit, be social friends, work in harmony, refuse absolutely to graft anybody for each others' benefit. Let the sick man pay each of us a legitimate fee for our knowledge. Always give him the best advice and drugs. Teach him that he is dealing with a member of an honorable profession when his dealings are with a physician or pharmacist. Make it the rule of our professional lives never to practice deception or chip off small per cents from our customers in order to graft each other; then our professions will be loved and honored as our grandparents loved and honored the old-time physicians who treated them with sympathy, honesty, sincerity, and the few remedies he compounded himself.

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#### INVOLUTION OF THE UTERUS, OR THE CARE OF THE PUERPERIUM.\*

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By E. N. Davis, M. D.,  
Little Rock.

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In giving you this paper it is not my purpose to advance anything new on the management of the puerperium or add anything in a normal puerperium or involution, but rather to make an earnest appeal for a more careful application of the measures we now possess to bring about better results in the "so-called" physiological process of childbirth. The subject, Involution of the Uterus, or the Care of the Puerperium, is one of great magnitude, and one that cannot be very thoroughly covered in the scope of this paper and to better appreciate the condition

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\*Read in the Section on Obstetrics and Gynecology of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

under consideration, I think it well to view the important physiological changes that take place in the normal uterus from the beginning of conception to the birth of the child. The volume and size of the virgin uterus is  $2\frac{3}{4}$  inches in length and  $1\frac{3}{4}$  inches in breadth and 1 inch in thickness.

The hypertrophy of the impregnated uterus is concerned not only with the muscle fibers, but with the connective tissue and all the vessels. These changes are reflex in character, and begin with impregnation. The uterus increases up to the fourth month, even in tubal and extrauterine pregnancy. The growth of the ovum may act at first as a physiological cause for these changes, but not as a mechanical one. The uterine enlargement is not directly dependent upon the presence of the ovum, for it does not entirely fill the cavity even at the end of the fifth month; therefore, mechanical distension cannot be an influential factor before this time.

At first the hypertrophic process effects all parts of the organ alike, but later the cervix does not grow as rapidly as the fundus and body.

The thickness decreases in the latter part of gestation on account of distension to three-sixteenths of an inch. The cavity of the virgin uterus may increase 500 fold or more.

The outer surface of the virgin uterus measures six square inches, while at term it amounts to 339 square inches. The unimpregnated uterus weighs about  $1\frac{1}{4}$  ounces, while when pregnant, at term, it weighs about two pounds. The virgin uterus is pear-shaped and flattened from before backwards. The upper end or broad extremity of the organ is directed upward and forms an angle with the vagina.

The first six or eight weeks after pregnancy the womb loses its flattened pear shape and bulges out over the cervix in all the transverse diameters and resembles, very much, an inverted jug; later it expands more in the lower segment and at the fifth month its form is between that of a pear and an egg, and later assumes an egg shape during the last of pregnancy.

In the early months of pregnancy the uterus sinks down in the pelvic cavity, on account of its increased weight, and after the third month it gradually rises until

it almost reaches the diaphragm, and again, just before delivery, it sinks again by reason of the engagement of the lower part of the uterus in the pelvic cavity and relaxation of the soft parts. The uterus while taking on this growth changes its longitudinal axis from time to time, brought about by the condition of the bladder. The uterus changes from rigid, firm, inelastic condition of the nonpregnant organ to the soft, elastic consistency which increases with the advance of pregnancy. This consistency differs from that of metritis, which causes a hard and nonelastic uterus; from that of subinvolution, which gives a soft but not an elastic consistency, and from that of a fibroid, which is hard and also inelastic. So at term the full grown fetus is contained in a flexible walled cavity.

The pregnant uterus consists of three layers, the external or hood-like longitudinal layer passing over the fundus of the uterus and continuing into the ligaments.

A median layer, where the network attains its greatest thickness, and an internal layer which forms the sphincters about the uterine orifices, tubes and os uteri. These chief layers are connected by communicating groups, so when they are separated the intervening spaces are rhomboidal or kite-shaped.

The connective tissue between the muscle fibers soon become increased, and toward the last of pregnancy exhibits distinct fibrilla. By hypertrophy and hyperplasia the three muscular layers are defined. The hypertrophy of the single muscle fibers is perhaps the most striking change in the whole organism, the increase being eleven times in length and five times in width. The new muscular elements rapidly grow as well.

**Fibrous Tissue.**—The fibrous tissue is increased chiefly by absorption of fluids and consequent increase in bulk, and it sends in its newly developed fibers between the muscle bundles, thus adding its influence to the other factors which change the consistency of the uterus in the gravid state.

**Arteries and Veins.**—The arteries increase in caliber and length—their tortuosity is not lost. The veins enlarge into long channels—"the sinus uteri." These penetrate between the muscle bundles and are especially well developed in the placental site. The walls of these channels do not collapse when in-

jured, on account of the close connection between them and the surrounding tissue. They are obliterated after labor by contraction of the uterine muscle which surrounds them.

These blood vessels penetrate the minutest divisions of the chorion frondosum and consist of the end ramifications of the umbilical arteries and veins. The arteries and veins pursue their course side by side, a distinguishing characteristic of the latter being their thin walls and large caliber.

The uterine artery is much enlarged during pregnancy, but not so much so as the ovarian. As pregnancy advances it becomes less winding and more direct and its attachment to the uterine wall is loosened. The ovarian artery is greatly enlarged during pregnancy.

**Nerves.**—These organs of sensation participate in general increase of the other parts of the uterus.

**Lymphatics.**—The lymphatics increase greatly by both hypertrophy and hyperplasia. The lymph channels which run through the muscles of the uterus reach the size of goose quills; these lymph vessels form a plexus continuous with the general lymphatic system, and therefore its readiness to take up and assimilate infecting material, peritonitis frequently presenting the first symptoms of this process.

**Peritoneum.**—The peritoneum is freely movable on the muscular coat of the uterus, at the end of pregnancy, before the sinking of the uterus, it shows a shallowing of the anterior fossa and the pouch of Douglass is almost obliterated.

**Broad Ligaments.**—During pregnancy the broad ligaments are drawn upward, so that at full term the bases of the ligaments lie on a level with the pelvic brim and extend from the pectoneal eminence, anteriorly, to the synchondrosis posteriorly. The uterosacral ligaments are attached in the latter part of pregnancy, to the first, instead of the third and fourth sacral vertebra. The round ligaments, by the growth of the uterus, are drawn up above the pelvic outlet.

Now, this approximately covers the changes that the uterus undergoes from conception to the beginning of labor when involution coincidently begins. The firm contractions of the muscle fibers necessitate waste, and at the same time the lessened

blood supply causes fatty degeneration. New cells are being formed and the degenerative and regenerative process go hand in hand. Thus the uterus decreases in size and increases in density, but never returns to the size, that it was, before conception.

After delivery the blood coagulates in the sinuses. The uterine walls become thickened through the development of new connective tissue. This tissue contracts until the sinuses are completely obliterated. After delivery the vagina is relaxed and never returns to its original size. The placental site is repaired more slowly than the remainder of the cavity.

The uterus contracts for the first few days, which causes after-pains. Involution progresses so rapidly, when normal, that by the tenth day the fundus is below the symphysis.

All will agree with me that it requires from six to eight weeks under the most favorable circumstances, before the uterus has regained its normal size, that longer time is required for the various ligaments to be restored, and that the pelvic outlet never retains its normal tonicity. In consideration of the etiological factors of prolapse and displacement, we find that any condition which increases the weight of the pelvic organs or decreases the carrying power of their supports favor this dreaded pathology.

Nor is there any factor so important as childbirth. One of the essential points in the management is to keep these patients in a position most available in preventing these conditions, until nature has had time, or nearly time, at least, to restore the tissues to a normal state. It is generally agreed that following lapertomy, the patient should be in bed nearly three weeks for the organs to recover their shock, regain their functions, and for the incision to heal sufficiently to prevent hernia; yet we have been willing to let our obstetrical cases out of bed in ten days, which condition could not be more favorable for pelvic hernia, prolapse of the pelvic organs, chronic congestion and infection with their ultimate results, endometritis salpingitis, cystic degeneration, adhesions, retrocele, cystocele and a multitude of other pathological conditions, because someone has said that "rest in bed for so long a period makes our patients semi-invalids." In my judgment, there never

yet has been an invalid made of a mother by keeping her in bed too long, unless her attending physician has unwisely kept her in the dorsal position, while thousands and thousands of mothers have been made invalids through negligence on the part of their physicians, by letting them go about doing household duties, when they should be in bed. The human race is not perfectly adapted to the upright position, as demonstrated by the study of comparative anatomy, and only in the genupectoral position does the uterus have perfect support, therefore the necessity of guarding against these conditions. During the first twenty-four hours the patient should be kept in the dorsal position. After the first twenty-four hours I am in favor of the right and left Sims' position, which affords the uterus a better opportunity of remaining forward and aids the return circulation.

I use both positions, to give all the ligaments affected an equal chance for involution. When there has existed a mal-position before pregnancy—such as flexion or version—after the first week the knee chest position should be insisted upon several times a day and continued over a period of several weeks. My main object is to keep my patient in a suitable resting position until the organs are more nearly restored to a normal condition.

**Lacerations.**—To me an extreme exhaustion most frequently due to hemorrhage is the only contra indication to immediate repair. I prefer silkworm gut, as it is supportive as well as lasting, two features necessary to insure good results. In placing the sutures, one should go deep enough to get well out into the levator ani muscle, and remember that swelling and edema of the parts occur; consequently, the stitches should be tied loosely to secure the best results.

Some contend that the best time for repair is after the swelling and edema disappear, but this affords too great an opportunity for infection of the parts to occur. If a physician in general practice calculates the number of cases he sees in a limited time, of retrocele, of cystocele, of uterine retroflexion, originating in the puerperium, of injured cervix, and all its consequences, including cancer, of prolapsed uteri following childbirth, of subinvolution and endome-

tritis following abortion or labor, of the pelvic inflammations of puerperal infection, if he will bear in mind that nearly every one of these conditions is the fault of the physician, that in many cases they could have been prevented, he must be appalled by the thought that the medical profession itself is responsible for three-fourths of the diseases of women as we see them today. The cervix is not generally repaired at the time of delivery, although strongly recommended by Hirst. Before delivering, one should make a general practice of shaving his patient. This affords a better opportunity for cleanliness and the prevention of sepsis. External irrigation or sponging from above downward with lysol or bichloride, followed by a sterile dressing, are indicated, and under no circumstances should the douche be used during the first ten days of the normal puerperum.

There is very little excuse for sepsis at the present time, as definite means of preventing it are at our disposal. Relative to the uterus, our first attention should be directed to the presence or absence of hemorrhage, and if present should be controlled by removing membranes, placental tissue, massage by grasping the uterus, ergot in some form, and, if necessary, pack the uterus with gauze. The contraction, position and involution should be carefully guarded from day to day, and the character and amount of lochia determined, as a relaxed uterus associated with the disturbance of the lochia, pulse and temperature, indicate strongly retention of placental tissue, membranes, blood clots or infection. If, at the end of the second or third week, involution is not progressing satisfactorily, or the normal condition maintained, measures should be instituted promptly to remedy this condition, for if there is ever a place in gynecology for palliative treatment, it is at this time. The displacement, if there be one, should be corrected, and a gauze or wool tampon of ichthyol and glycerine or boro-glyceride, inserted to aid in maintaining the normal position. Hot douches are of great benefit at this time if given properly, and the dorsal position is the only one suitable. After the patient has passed the period of the possibility of infection large quantities of pure hot water may be used to an advantage.

**Breast.**—The nipples should be hardened during the last months of pregnancy through frequently bathing with equal parts of alcohol and a saturated solution of boric acid and properly cleansed before and after nursing, to prevent any possible infection that may necessitate the child's removal, for there is no one condition more essential in the proper involution of the uterus than the nursing of the child. Should the breast show irritation or beginning infection it should immediately be put in a resting position, the ice bag applied, the shield used, and a saline administered. Compound tincture of benzoin and nitrate of silver will be of service in case of fissure.

Should it become necessary to dry up the breast I apply a firm binder, restrict fluids, and administer salines.

In no condition with which we have to deal is constipation more injurious than during the two months of the puerperium. The straining occasioned by this condition can do more towards bringing about displacement and prolapse through increased intra-abdominal pressure and drawing down on the posterior wall, than any other factors engaged in their production. Sufficient laxative should be given to move the bowels regularly without straining and one that will not have a detrimental effect. After the initial dose of castor oil I know of no better drug than the effervescent sodium phosphate. Unless the patient can relieve herself without straining, an enema should be given. Urination should be carefully guarded and the bladder examined for distention, but every means should be exhausted before resorting to the catheter, for once used it is difficult to overcome. In cases where it is imperative it should be done often enough to avoid the ill effects of an over distended bladder.

We may use the binder for the first twenty-four hours to assist in preventing hemorrhage, after which time it should be interdicted, as it undoubtedly favors backward displacement. Williams says it can do no harm after the tenth day or after the uterus reaches the true pelvis.

The diet should be liquid for the first two days, or until the bowels have been moved, after which there can be no objection to a liberal amount of good wholesome food. The pulse and temperature should be carefully observed for the first few days,

and should more than a slight disturbance occur, the cause determined. The after pains are easily controlled by the use of ergot or a small dose of morphine. Plenty of fresh air and a light room are important, and a nurse agreeable to the patient is indispensable, for a state of mental quietude has a very favorable influence upon the general functions.

With infection eliminated, as it should be today, and the advancement of surgery that affords immediate repair with favorable results, it seems that we would follow a treatment that would lessen that seventy-five per cent of diseases found in mothers at the present time. How can we wonder at the fear with which women approach motherhood, and at the problem of "race suicide" confronting us?

In closing let me with all sincerity in the interest of the mother, who is dearest to the heart, make one more earnest plea in her behalf and close with the following conclusions:

That too early rising is harmful to the patient.

That it is not a fact, to remain a longer period in bed will make our patients semi-invalids.

The immediate repair of lacerations is conducive to proper involution. Sepsis should be unknown except for the cause given.

The opportune time for palliative treatment is during the latter part of the puerperium.

Constipation should have careful attention and straining prevented.

The ill effects of the binder explained fully to the patient, and other instructions given for restoration of the normal figure.

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#### STERILIZATION OF SKIN IN EMERGENCY WORK, WITH SPECIAL REFERENCE TO BENZINE-IODIN AND IODIN METHODS.\*

By Chas. H. Holt, M. D.,  
Fort Smith.

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It has been and will continue to be the lot of railway surgeons to have many contused and lacerated wounds to treat. These

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\*Read before the First Annual Meeting of the Arkansas Surgeons' Association of the St. Louis, Iron Mountain and Southern Railway Co., September 18 and 19, 1912.

wounds are, in the majority of cases, contaminated with grease, dirt, cinders, etc., particularly of an infectious character.

The simplicity and effectiveness of this method of treating wounds, abrasions, etc., should appeal to every physician and surgeon.

Of all the germicidal and antiseptic agents that are at our command, none are cheaper or more easily obtained nor more conveniently carried.

In considering this subject, we must not lose sight of the terms germicidal and antiseptic. Antiseptics, as we know, only inhibit the growth and further production of bacteria for the time being. Germicidal agents, as the term implies, kills them.

Heat, as is well known, is the best and safest germicidal agent that we possess, but it is, of course, out of the question to apply a sufficient degree of heat to the animal body to kill the bacteria that it harbors. Hence our recourse to chemical agents to prevent the growth and to kill bacteria.

Germs are individual structures, each one possessing life and a unit by itself. They possess, to some extent, the same properties that are found to exist in the cells which make up the animal bodies. Although belonging to the vegetable kingdom, their chemistry is somewhat allied to cells of the animal structures.

In selecting our antiseptic and germicidal agents, our object should be to use those that are the most detrimental to the bacteria, and at the same time producing the least possible damage and irritation to the live tissue cells. Very little would be gained to use a highly irritating substance to kill the germs, if we at the same time produced a large denuded area.

A picture of skin tissue under the microscope shows us numerous small grooves, crevices and crypts. It is these small furrows and grooves that harbor bacteria in great multitudes. The skin is also at all times covered with a semi-oily and waxy material thrown out from the various glands through their ducts. In mentioning part of the histology of the skin, I do so with the purpose to show that we must use an agent that will reach all of the small microscopic spaces which harbor bacteria. As you know, if no bacteria remain, no infection can follow.

No doubt each of us have had infections take place on the skin and other surfaces

for which we could make no satisfactory explanation to ourselves. It was either that new bacteria were carried to the wound or in some way all of the original germs had not been removed or destroyed with the antiseptic agent that we used. In the majority of cases the latter cause is true. Our general method of cleaning sites for operations or wounds is soap and water, alcohol, and then an antiseptic, generally bichloride of mercury. What happens under this procedure? The soap and water remove the gross particles of dirt and accumulated residue; alcohol is applied, which evaporates rapidly and extracts the water while doing so, leaving the surface dry.

While this drying process is taking place there is a contraction of the entire surface, which means that all the small grooves and fissures are greatly closed up, and at the same time holding bacteria in their depths. Now, at this stage the bichloride solution is applied. The action of mercury salts is the same, both on vegetable cells (bacteria) and the cells which constitute and make up the animal body. This action is to coagulate the albumin contained in these cellular structures. Now, when bichloride is applied to the skin it stands to reason that there will be contraction due to its coagulating properties. So if any bacteria are left in the orifices of the various gland ducts, fissures, etc., they will be sealed in, so to speak. The outer surfaces have been contracted over them, leaving them alive, or partly so, to again renew their activity at the first favorable opportunity.

It is to obviate this latter condition that I advocate the iodine-benzene for cleaning wounds, etc., where absolute antiseptic is required. Use iodine in benzene, 1-1000, followed by 3 per cent solution tincture iodine.

The wounded part, if an extremity, is dipped into a jar containing the benzene-iodine solution, and gently sponged with gauze; the grease is readily removed, as are also the cinders and other foreign material.

In case it is impractical to dip the wounded surfaces, they are simply sponged and irrigated with the solution after thoroughly cleansing with the benzene-iodine solution.

The surface is permitted to dry, the benzene rapidly evaporating, after which the wounded tissues and surrounding areas are

swabbed with the 3 per cent tincture iodine, one-half official U. S. P. strength.

Benzine is a solvent which dissolves and carries into solution all of the oily and waxy substances found normally on the skin in its various crevices and appendages. It has no coagulating properties to any extent, and its specific gravity allows it to penetrate into all small spaces. Not only does it do this, but it also has antiseptic properties itself; so, while it is penetrating and dissolving out the various substances that are insoluble to ordinary antiseptics, it is also inhibiting the life of bacteria with which it is coming in contact.

After the benzine has been thoroughly applied and allowed to react on the skin surfaces, it should be wiped to some extent to remove the dissolved substances before applying the iodine solution.

If iodine is used in too concentrated solution, excessive vesication and consequent desquamation takes place, and this is not always to be desired. A moderate hyperemia is thought always desirable at a point where infection may take place, and I find that one-half the ordinary U. S. P. preparation of the tincture gives the desired results. There is no question at the present time of the antiseptic and germicidal properties of iodine. In general work, I apply several coats of the iodine solution, allowing short intervals between applications.

To test the efficiency of the iodine-benzine method, I have had several laboratory experiments made in comparison to bichloride treatment. The tests consisted in cleaning the skin as done in routine work, with the application finally of a 1-2,000 bichloride solution. Subsequent scraping of the skin and planting on Petri dish, cultures showed in 75 per cent of cases that after seventy-two hours' incubation a few colonies of bacteria would appear, showing conclusively that all germs had not been killed and prevented from reproducing themselves.

The same course carried out with the iodine-benzine treatment showed in all cases negative results, showing its efficiency in killing all bacteria with which it came in contact.

The simplicity and effectiveness of this method, I will repeat again, should appeal to us, and should be used especially in all of our emergency work, even if not adopted generally.

SOME OBSERVATIONS ON THE OCCURRENCE OF CHILLS AT IRREGULAR INTERVALS, THAT ARE USUALLY PRONOUNCED OF MALARIAL ORIGIN.\*

By T. M. Fly, M. D.,  
Little Rock.

Paroxysms of malaria recur at regular intervals in all forms of malaria, except in the aestivo-autumnal form, and Osler says that the intelligent administration of quinine continued for a period of seven days will result in the cure of any case of malaria.

But how many of us have given quinine for a longer period of time than seven days, only to be chagrined by our patient telling us that he has experienced a "dumb" chill on the eighth, or ninth, or tenth day, or at an irregular time, thus precluding the idea that his affection is of malarial origin? But, being unable to decide against the presence of malaria, we begin again with calomel and have the patient improve temporarily again, only to experience this chill at some irregular time, and not be permanently improved or cured, as Osler is bold enough to put it.

I am of opinion that this experience has come to each of us who has practiced medicine in malarial districts.

Within the past year it has been my good fortune to treat with uniformly good results many of these cases that suffered from a return of chills and fever at irregular intervals.

They have not been treated with quinine. They have received the routine treatment for hookworm disease laid down by Dr. Charles W. Stiles. They were all benefited, and many cured.

It is a well known fact that when we have a case of chronic malaria and treat it to the complete exhaustion of our patience, we then advise him to go to Hot Springs and take a "course of baths." If the patient is able, he goes, and after receiving the eliminative treatment of calomel and hot baths in the "radio-active" waters, he comes home more or less improved—always somewhat improved—incident to the elimination through the sweat glands and by the bowel, of the toxin which is responsible for the recurrence of these chills.

\*Read before the Tri-County Medical Society, at Dermott, Ark., June, 1912.

Upon returning to their homes, where the baths are necessarily discontinued and the sweating process consequently stopped, it is only a few days until the toxin causing these chills and chronic "bad feelings" has reaccumulated in sufficient quantity to cause the patient to feel exactly as he did before going away for the "course of baths."

His family physician is called in and prescribes calomel, which eliminates a quantity of toxin, and the patient feels better for a short time, and so on, and on, and on.

Now, in these cases that suffer from the chill at irregular intervals, a large majority are suffering from hookworm infection, and the consequent toxemia, developed from the absorption by the patient of the excretions of these parasites.

I have in mind now several cases of "chronic malaria" who had been the rounds at Hot Springs and returned home benefited in a degree, but who, within a few days after discontinuation of all the eliminative treatment, had relapsed into the condition that necessitated their visit to the health resort.

A microscopic examination of the feces, which consists in taking a small portion of that excretion, less than the size of a match head, and placing on a 2x3 slide, and adding thereto two or three drops of water and making a smear that is not too thick to transmit reflected light; the slide is then placed under the B. & L. 16-mm. lens (or 2-3 lens) and carefully searched for ova of the uncinariae.

In hot weather, instead of using plain water to make the smear, a 1 per cent solution of trikresol should be used to repel flies, and at the same time deodorize the specimen.

It is much easier and quicker to examine the feces for uncinariae eggs than to examine the blood for the malaria parasite. Then, too, the therapeutic test for malaria has in nearly all cases been made.

In cases where a microscope is not at hand, the therapeutic tests for uncinariasis should be made in the following manner:

On Saturday have the patient take a light breakfast at 6 a. m.; no noon or evening meal is allowed. At 3 p. m. a full dose of Epsom or other salts is given, and unless it acts well by 7 p. m., is repeated at two-hour intervals after 7 until bowel is thoroughly empty. At 6 a. m. Sunday morning

the patient receives his first dose of the anthelmintic, and at 8 the second and last dose. The anthelmintic used by me is thymol, and finely powdered, with its equal weight of milk sugar. At 10 a. m. Sunday salts is given, which is repeated every two hours until worms are expelled or until two or more movements have been secured.

The therapeutic test is as justifiable as the quinine test for malaria or the K. I. test for specific disease; but it is so easy to have a microscopic examination by the State Board of Health there is no need to be in doubt. However, there are those patients who would rather take the therapeutic test than submit a specimen of feces for examination, and they should be given their choice rather than left to suffer another consequence of false modesty.

Of course, the physician will not fail to caution patients against eating, or drinking, or dosing with substances that might dissolve the thymol.

The thymol kills the parasite by irritation, therefore it need not be in solution. Further, solution of thymol facilitates absorption, which is the very thing we don't want, as toxic symptoms are sure to follow the absorption of any considerable amount of this drug.

Let us bear in mind that many of our "puny" children are suffering from an auto-intoxication due to lessened elimination of various toxins, and that uncinariasis causes a toxin that has various and serious effects.

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"DO RIGHT."\*

By T. F. Taylor, M. D.,  
Osceola.

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It is a fact that mosquitoes are more dangerous than lions. No city ever fell before an invasion of lions. In Italy there are ruins of ancient cities which were actually destroyed by mosquitoes, and the unfortunate inhabitants never knew what did it. The fatal blight was called malaria. They thought that they were being destroyed by a poison in the air. It is a fact that in the Bible the "chief of devils" was named Beelzebub—which means the god of the mosquitoes. We now know that the en-

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\*Read before the Mississippi County Medical Society, at Osceola, Ark., December 10, 1912.

emies of these ancient cities were mosquitoes. These mosquitoes seemed insignificant and were too small to fight. This was the fatal blunder. So with small sins and small worries. They are tremendously important. They invade both health and character and cause the souls infected to canker and become useless to themselves and to society at large. Instead of suffering them passively and being beaten by them into self-destruction, they must be assailed actively and with a clear knowledge of their consequences. Medical ethics is not unlike civil ethics, and in its last analysis may be defined with two words, "Do right." If we do not know what right is, let us begin a study of ethics, both medical and civil, and make the application in our own lives. Men may and do have personal differences with each other, yet own interest and do business through the same financial institutions. But business and social interests are better served without such friction. It is good policy, and forestalls a great sin not to let personal differences get mixed in business and professional affairs.

The American Medical Association was reorganized in St. Paul in 1901 with the view of making it a great business and scientific organization for the upbuilding of the rank and file of physicians in knowledge and proficiency in the practice of the "healing art." The plan adopted in the reorganization is undoubtedly the best, and as we come to understand it and ourselves, and cease to allow petty jealousies to interfere with business and professional relations, we shall become integers of one of the greatest organized bodies for good and civic righteousness that has ever been created. Our profession in some quarters entertains grave fears of an invasion by the lions; but they will never bother. On the other hand, many of our county societies are pale and sickly, with enlarged spleens and livers, frequent shakes and copious sweats, rendering them almost totally incapacitated for efficient service. The blood or spirit of these component societies is poisoned by the mosquitoes of commercialism, contention and strife. The remedy is apparent—"without money and without price"—and if properly used is as sure a specific as quinine is for malaria.

## EVERYBODY IS DOING IT.

Cut This Out and Send to Some Fellow Physician Not a Member of His County Medical Society.

Why you should join your county medical society:

1. Because it is a post-graduate school at home from which you will derive pleasure and increase your practical and scientific medical knowledge from the papers read, the discussions and clinical reports, making you a better and more successful practitioner.

2. Because it is the best means to promote friendships, mutual respect and pleasant social relations in your professional life.

3. Because it is the best means of avoiding envy, jealousy, local animosity and internal dissensions which have always discredited our profession, and if you will permit them, will seriously damage your professional career.

4. Because it will help you to improve your financial condition by aiding you to better your business methods in your work.

5. Because it tends to promote unity by which the profession gains in influence and commands a higher respect from the community.

6. Because the county medical society makes it possible to unite the profession into a compact organization to its material advantage and that of each of its members.

7. Because it will enable you to progress in your medical career and become a member of the State and National Medical Associations.

8. Because you owe all this to yourself and to your professional co-workers.

Therefore: Join your county medical society. "In union there is strength."—From Colorado Medicine.

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## JOIN YOUR COUNTY MEDICAL SOCIETY.

The president of the South Carolina Medical Society says:

By joining your county society you become thereby a member of the State Medical Society, and then you are immediately eligible for membership in that greatest and most influential of all scientific organizations of the world—the American Medical Association.

# THE JOURNAL

OF THE

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### WHY YOU SHOULD PATRONIZE OUR ADVERTISERS.

A word as to the advertisers in the Journal.

Every publication, daily, weekly, monthly, newspaper or magazine, lives on advertising. This is especially true of a professional organ such as the Medical Journal.

To support it without advertising would be a heavy tax on the society.

Advertisers expect results. They do not pay for advertising simply for the good of the cause. Many advertisers key their ads so that they can tell from what publication they get results. When results are not apparent they cease to advertise.

We therefore urge on all our members to patronize our advertisers. Reciprocity and common fairness demand that they should. Outside of the simple justice of it, policy demands it also. The advertisers help us; we should help them. We sell advertisers space in the Journal; we should give them the preference when we need what

they have to sell. When you patronize our advertisers, be sure to say that you saw their "ad" in the Journal. That is the way to show them that they are getting results.

We want to make the Journal bigger and better than ever. This can be done only by holding all the advertising patronage we have and getting more. If the readers of the Journal do not patronize our advertisers it is certain that presently we shall lose those we have and be unable to procure others.

We must be able to convince prospective advertisers that we can give them results. Failing to do this, we cannot reasonably expect advertising patronage. Advertisers are all from Missouri. They want to be shown.

### NEXT ANNUAL MEETING OF THE STATE SOCIETY.

The time approaches for the annual meeting of the Arkansas Medical Society in Little Rock, May 20-23.

This is only February, you will say.

True; but taking time by the forelock is an axiom peculiarly apropos of medical society meetings.

One of the easiest methods of killing interest in the annual meetings is to present hastily prepared papers. Many will attend for the purpose of taking part in the work of the scientific sessions. They expect to hear "good stuff." It is up to the section officers to see that they are not disappointed.

This being legislative year, the Committee on Public Health will have an interesting report to make.

The annual meeting does not afford the time or place for the exploitation of fads and foolish ideas. Timely topics should be presented—facts, conditions, results of experiments, suggestions in the interest of the public health, matters of real concern and importance; not trivialities. The section officers will see to this, and it devolves on the members to assist them.

Little Rock is a pleasant and interesting city to visit. We want to show you the progress we have made in the miles of well paved streets, new buildings, sewer extensions, septic tanks, our skyscrapers, splendid department stores, brilliantly lighted streets, ablaze with electroliers and electric signs, our fine street car system, luxuriously appointed hotels, our hospitals, theaters and

parks, modern school houses and churches, our beautiful residences and lovely suburbs on the Heights. If you have not visited Little Rock recently you will be surprised at the signs of progress everywhere evident.

It is expected that this meeting will see the largest attendance on record. Make your plans now to come. Begin on your papers without delay. Do all in your power to make the meeting of 1913 one to be pleasantly remembered. The local reception and entertainment committees will assure you a good time.

The chairmen and secretaries of the sections are expected to prepare the program and send their list to the Scientific Committee.

Following are the section officers elected at the last annual meeting at Hot Springs:

Medicine—C. H. Trotter, Helena, chairman; Thad Cothren, Wolcott, secretary.

Surgery—C. H. Cargile, Bentonville, chairman; E. P. McGehee, Lake Village, secretary.

Obstetrics and Gynecology—J. S. Rhinehart, Camden, chairman; B. D. Luck, Pine Bluff, secretary.

Pathology—A. J. Vance, Harrison, chairman; Nettie Klein, Texarkana, secretary.

State Medicine and Public Hygiene—J. L. Greene, Little Rock, chairman; C. W. Garrison, Little Rock, secretary.

Dermatology and Syphilology—Leonard R. Ellis, Hot Springs, chairman; Abner Cook, Hot Springs, secretary.

Diseases of Children—O. K. Judd, Little Rock, chairman; J. S. Jenkins, Pine Bluff, secretary.

### THE BEST CAN ALWAYS BE MADE BETTER.

Each achievement in life but paves the way for still greater achievement. We never reach the best or greatest. A fleet race horse sets a record, but it only stands until a faster one lowers it. Not an invention for man's welfare, comfort and convenience exists but that it exists in improved form. Stevenson's first locomotive marked only the first improvement over the stage coach. It was a big advance, but it would cut a sorry figure compared with the great mogul engines of the twentieth century. This applies to everything in life. The best is always in the future.

This by way of preamble to our coming annual meeting. The meeting at Hot Springs last year was the best on record; but it must not continue to hold the record. It is no disparagement to say that it can be improved on. The attendance was large—it can be made larger. Excellent papers were read—papers of greater excellence may be written. Anyway, we can try, and we must try, and try hard. All it needs is hearty co-operation between officers and members. Don't leave everything to the officers and sit supinely by. The officers may be depended upon to do their duty. Your duty is in helping them by doing your part. In this connection it is well to recall a portion of the address of the late Dr. Dibrell, delivered last year on his installation as presiding officer of the meeting. He said:

"I would like to suggest, if I may offer a few words of advice to the gentlemen who have charge of the different sections, that they go to work now, using their best endeavors within the next year to have a program for the meeting in Little Rock that will rival the goodly papers that have been read at this meeting. In looking through the program and observing the titles of papers to be read and the work that has been done, I was impressed with the belief that this was probably the best meeting of the Arkansas Medical Society I had ever attended. But it is right that we should do better next time. We should attempt an improvement on the preceding meeting in regard to good work. So I would suggest to the chairmen of the sections, to whom is due the credit, that they write an invitation to the profession earlier than has been done in the past. These men should be selected many months before the next meeting, instead of a few weeks."

### IS FRIEDMANN'S ALLEGED CURE A COMMERCIAL OR A SCIENTIFIC PROPOSITION?

A few days ago the newspapers announced that a New York banker had offered Dr. Friedmann a million dollars for his cure, if such it should prove to be on investigation. The latest announcements are to the effect that Dr. Friedmann has started for this country to accept this offer. If this is

true, it seems to justify the suggestion of The Journal of the American Medical Association that Dr. Friedmann appeared to possess more commercialism than scientific spirit. Otherwise, why should he come to this country to put his treatment to a test? Is it because there are not enough consumptives in Germany? Or is it for the million dollars? On his arrival in the United States his work will doubtless be handled by the papers even more sensationally than hitherto. Apparently, his treatment has not stood the investigation of his scientific confreres on the other side. Will it survive the tests to be applied here?

#### VISIT OF DR. DOWLING AND THE HEALTH TRAIN.

The visit of Dr. Oscar Dowling and the "Health Exhibit and Demonstration Train" of the Louisiana State Board of health did much good to the city, and it came at a most opportune time, while the legislature was in session and the State Health Bill then being considered by that body.

"Sanitary instruction is even more necessary than sanitary legislation," is Dr. Dowling's idea, and it is notably true. It is practically impossible strictly to enforce all sanitary laws. When they are all observed it will not be for fear of the law, but because the people have been educated to know that there will be no need for laws on the subject. Therein lies the value of the Health Train. To tell people and to show them are two things. A large number of people do not read the papers; still more people read the news and skip the articles on health as being uninteresting and lacking in thrill, while still others read and pay no heed.

Dr. Dowling both told and showed the people. He lectured at the high school, he talked at a church, he addressed the legislature. Thousands of people, men, women and children, visited the Health Train; several white and colored schools attended in a body, and members of the legislature were shown through the train. Mothers learned something of the care of children, of proper ventilation, of care of the teeth, of the necessity of providing pure milk. There were fly and mosquito exhibits and explanation of their activities as germ carriers. There was a large exhibit in the tu-

berculosis section, another of hookworm. It was an object lesson in sanitation, hygiene, disease prevention and treatment, worth more than a hundred lectures and reams of newspaper publicity.

Dr. Dowling was the recipient of many attentions and courtesies while in Little Rock. A very pleasant function was the banquet tendered him at the Hotel Marion by the Pulaski County Medical Society, Dr. Robert Caldwell presiding.

#### TYPHOID IN CITY AND COUNTRY.

There seems to be quite a discussion as to whether typhoid is typically a urban or suburban disease, and whether more prevalent in city or country. Drs. Sedgwick, Taylor and MacNutt studied conditions in the New England States with not very satisfactory results, some states showing more prevalence in the cities, some in the rural and in others about a stand-off. Dr. Charles F. Boldman of the New York Department of Health, in a report to Governor Sulzer, appears, by inference at least, to trace much of the city typhoid to a rural origin due to faulty public health administration in the outlying districts.

It is a problem difficult of solution, but one factor stands out boldly—that soil pollution is the greatest of all causative agents, and with the improper methods of disposing of excreta in the country—or no method at all beyond the primitive way of returning it to the soil or streams—with the added danger of infection by the fly, it is likely that much of it may be of rural origin brought down in polluted drinking water and in milk. Dr. Boldman is certainly on the right track in demanding better sanitation in the rural districts. The report of the Hookworm Commission in Arkansas reveals conditions which demand attention. In disposing of fecal refuse we have not, in the rural districts throughout the United States, made any great advance over the days of the Sanitarian Moses.

#### ANTI-TUBERCULOSIS AGITATION.

Since the last issue of the Medical Journal there has been unusual activity locally in anti-tuberculosis agitation. Two new societies have been organized, the Pulaski County Anti-Tuberculosis Association and

the Arkansas Society for the Study and Prevention of Tuberculosis. Public meetings have been held, addresses delivered, and the legislators enlightened by the facts and figures given them in a speech by Dr. J. S. Shibley of Paris, Ark., former superintendent of the Tuberculosis Sanitarium at Booneville.

The Pulaski County Anti-Tuberculosis Association was organized January 25, with the election of the following officers: Bishop James P. Winchester, president; Dr. O. K. Judd, Little Rock municipal health officer, first vice president; Miss Doris Cohn, second vice president; Dr. J. B. Dooley, recording secretary; Murray A. Auerbach of the Little Rock United Charities, corresponding secretary, and Mrs. James Tunnah, treasurer. It is the purpose of the Association to establish a Medical Clinic in the business district of Little Rock and a camp of tents near the city where patients will be given the open air treatment and the proper nourishment.

The Arkansas Society for the Study and Prevention of Tuberculosis was formed on January 28, and the following officers elected: Dr. J. S. Shibley, Paris, Ark., president; Durand Whipple, president of the United Charities, Little Rock, first vice president; Mrs. Joe Frauenthal of Conway, second vice president; Miss Mary H. McCabe, treasurer; Murray A. Auerbach of the United Charities, Little Rock, secretary. The work of this organization will be statewide.

#### **Dr. Shibley Addresses the Legislature.**

On January 30, at the noon hour, Dr. J. S. Shibley addressed the legislature at the state capitol. In a general way he spoke for the health bill, then pending, but he stressed the necessity for state aid in the fight against tuberculosis. He said the death rate in the registration area of the United States was about 160 per 100,000 of population. Dr. Judd, health officer of Little Rock, he said, returned ninety-four deaths in 1912 in the city with an estimated population of 50,000, which would make a death rate of 188 per 100,000. On this basis there would be a total of 2,828 deaths in the state from tuberculosis. (Dr. Shibley was evidently erroneously quoted in the Gazette as making the death "rate" 2,828 instead of aggregate mortality from tuberculosis.)

(The number of deaths, or the death rate, cannot be fairly estimated in this or any other state from the rate in its largest city. The tuberculosis mortality rate, for instance, in the tenement district of New York would afford no basis for estimating the rate throughout the state, or even the rest of New York City. Poorly ventilated dwellings, poverty, vice, insufficient nourishment and work indoors are all potent factors in city life in the propagation of tuberculosis—factors which do not obtain in the country.)

Dr. Shibley estimated that there were in the state 10,000 persons in various stages of consumption, costing at least \$1,000,000 per annum for maintenance, which sum, added to the value of lives lost on the basis of the price of an able-bodied slave in olden times, \$1,500.00, made a loss to the state of some \$4,000,000.00 or more every year. He asked an appropriation of \$10,000.00 for the two-year period for educational work separate and apart from any appropriations for the Tuberculosis Sanitarium or for the State Board of Health.

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#### **A LIVE MEDICAL SOCIETY SECRETARY.**

It has been said of medical societies, "No secretary, no society." It could be amended to read, "No good secretary, no society." The post of secretary is a most important one. It should not be bestowed on some physician with a big name, merely as an honor, but on a basis of peculiar fitness and willingness to work. The Mississippi County Medical Society has the right man in Dr. Thos. G. Brewer of Osceola. He is a hustler. He has enthusiasm. Such enthusiasm, perhaps, is contagious from ex-Secretary Dr. Howton. A society with such men as officers is bound to accomplish something. A letter he has sent out to all the members has the right ring to it. He invites them to be present at the next meeting of the society, and in doing so says:

"This ought to be the best meeting of the year, and will be if you, Doctor, will come, pay your dues for the new year, and come right to the front, take a part, and have something to say on all questions discussed. There is no telling just how much we can get out of this Society if we are in

earnest, nor its value to us; but we must remember that, after all, **WE ONLY GET OUT JUST WHAT WE PUT IN.**"

Then he reminds the members of the State Board of Health Bill and urges them to write to their representatives and senators insisting that they vote for its passage. He closes by showing that the society wants every eligible physician in the county to become a member, and announces that there will be no let-up on asking them to join until they do so.

Note the personal appeal in the words we quote, "If you, Doctor, will come, etc."—It is not a message to doctors in general; it is "you"—the doctor reading it. And all men need this personal appeal. We are all prone to be laggards and need prodding from time to time. It is well to remind physicians to take more than a passive interest in the Public Health Bill, and it is excellent to remind non-members of a county society that the society is going to keep right on their trail till they join.

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#### 1,200 CHILDREN REFUSE VACCINATION.

Anti-vaccination sentiment is so pronounced in Berkely, Cal., that no less than 1,200 pupils were taken out of the public schools because of an order issued for compulsory and immediate vaccination following the appearance of several cases of small-pox. Experience has taught that stubborn refusal to comply with compulsory vaccination is characteristic of the anti-vaccinationist. He will take his children from school rather than obey. But the children are innocent. They have no say in the matter, yet they are chief sufferers by being denied an education. In many states the power of Boards of Health and Boards of Education to enforce vaccination as a qualification has been sustained by the higher courts. The Illinois Supreme Court, however, held that a child in health was no menace to the health of others, and that in any event the child should not be punished by being deprived of an education because its parents disobeyed a rule of the Board of Education.

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#### DEPARTURE OF DR. A. E. SWEATLAND.

Little Rock and the State Medical Society alike suffer a distinct loss in the departure of Dr. A. E. Sweatland, who has moved to Nacogdoches, Texas, where he has pur-

chased the Nacogdoches Surgical Hospital, to which he will devote his time, energy and talents.

Dr. Sweatland practiced his profession in Little Rock for eleven years. He not only built up a large medical and surgical practice, but was a useful and progressive citizen. He was one of the originators of the Association for the Relief and Control of Tuberculosis. It was he who wrote the resolution presented to the State Medical Society asking their support and influence for the bill establishing the Tuberculosis Sanitarium at Booneville. He has always been an active member in both county and state medical societies.

We regret his leaving us, but congratulate the city and state to which he is going on the acquisition of an eminent surgeon and physician and a sterling citizen. We hope, too, that professionally and materially Dr. Sweatland will succeed as he so richly deserves. Nacogdoches receives an important factor for progress at our expense.

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#### HEALTH BILL PASSES.

Senate Bill No. 30, introduced by Senator Hughes, creating a State Board of Health, which passed the Senate February 10, by a vote of 20 to 7, was adopted by the House by a vote of 59 to 27, on February 18. What opposition it encountered was due to an ill-grounded fear that there would be discrimination against schools of medicine other than the regular. There was also some very foolish opposition in the House, based wholly on prejudice against all doctors. One representative actually professed to believe that the hookworm disease campaign was in the nature of a conspiracy with the Leather Trust to make poor country children wear shoes. Fortunately, our law-makers of that stamp are in the minority, and now, with a real Board of Health with power to act, Arkansas is redeemed from the stigma of being the only state in the Union without such a safeguard.

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#### Editorial Clippings.

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#### GOOD HEALTH A BUSINESS PROPOSITION.

Reference has previously been made to the excellent work being done in the education of the public by some of our large

life insurance companies. One of the most conspicuous examples is the Equitable Life Assurance Society, which has established a department of conservation, devoted to the prevention of disease and the prolongation of life among its policyholders. It also issues a magazine entitled "The Human Factor" to its policyholders. In a recent issue of this magazine appear some striking statements from an address by Mr. E. E. Rittenhouse, the conservation commissioner of the society, before the International Conservation Congress, held at Indianapolis, October 2, 1912, which are worth quoting not only for the facts themselves, but for the impressive way in which they are put. Mr. Rittenhouse said:

"Our birth rate is declining. Over 200,000 infants under age, five die annually from preventable disease.

"Of the 20,000,000 school children in this country not less than 75 per cent need attention for physical defects which are prejudicial to health.

"The alcohol and drug habits are constantly adding to the degenerate list and the death roll.

"The diseases of vice are spreading, and we lack the moral courage to openly war against them.

"Insanity and idiocy are increasing at an alarming rate.

"Suicides now reach the enormous total of 15,000 annually.

"Over 9,000 murders are committed every year in the United States. Only about 116 murderers are executed for these crimes. Our homicide rate is appalling—about 100 per million population, against 13 in Canada, 9 in Great Britain, 15 in Italy.

"The diseases of old age are reaching down into middle life and below. Our vital organs are wearing out too soon. We have had an increase of over 100 per cent in thirty years in the death rate from diseases of the heart, blood vessels and kidneys, including apoplexy. These diseases claim over 350,000 Americans annually. Sixty per cent of them are preventable or postponable if detected in time.

"Cancer destroys nearly 75,000 lives annually. The loss from external cancer alone has increased 52 per cent in ten years.

"Pellagra, a deadly plague, is increasing

in the South, but it excites little or no public concern.

"Over 135,000 lives are taken by pneumonia, chiefly as a result of weakened resistance from degenerative disease.

"Over 150,000 die annually from the preventable plague, tuberculosis. Nearly a million tuberculous victims are constantly spreading the malady to the well, with virtually no official supervision or restraint.

"Over 25,000 are killed and 300,000 attacked annually by the preventable filth disease, typhoid fever. Other germ diseases carry off more people than tuberculosis and typhoid combined.

"Over 90,000 Americans are killed annually by accidents and other violence, and the loss is steadily increasing.

"Over 1,500,000 people are constantly ill from preventable disease. Over 6,000,000 people will die from preventable cause during the next ten years at the present loss rate.

"The sum of \$1,500,000,000 is a low estimate of the annual economic loss from preventable deaths.

"Our cities spend six and a half times as much to prevent fire waste as they do to prevent life waste, although the money loss from life waste is six times greater.

"These are the conditions we are asking our people to correct. Is there anything unreasonable in this request?"

By way of contrast to the somber picture given of conditions in this country, are the striking statements made in the first article in the number, under the title, "Our Life-Saving Triumph of Panama," in which the work of the Sanitary Department of the Canal Zone for the last seven years is summarized:

"Col. William C. Gorgas and his sanitary corps were charged with an extraordinary task. They undertook to drive from the pest-ridden seaports, jungles and marshes of the Canal Zone the deadly fevers and other diseases which have scourged the Isthmus for 400 years. Their success has challenged the admiration of the world.

"They have transformed the world's greatest plague spot into a zone of salubrity and health. They have given civilization most convincing proof that sanitarians can conserve human life even under the most

appalling difficulties, **when they are given money and the authority to do it.**

"Every American should know the story of what has been done. From the statements and reports of Colonel Gorgas we learn the following:

"Yellow fever has been banished—no case has occurred for six years.

"The annual deaths per ten thousand employes from principal diseases has been reduced under American control (since 1904) as follows: From dysentery, 25.8 to 2.6. From tuberculosis, 15.3 to 4.7. From malarial fevers, 87.9 to 9.6. The annual malarial sick list has been reduced from 821 to 187 per thousand employes.

"During the first nine years of French control the general death rate was 241 per thousand employes annually. (That mosquitoes spread fevers was not then known.)

"Under American control it has come down from 41.7 in 1906 to 11.0 in 1911.

"The average number of employes under French control was 10,200, and the deaths were 22,189. During nearly the same length of time under American control, the average employed was 33,000 and the deaths were less than 5,000.

"The general death rate in Panama, Colon and the Canal Zone has been reduced from 48.3 per thousand population in 1906 to 21.4 in 1911.

"Could the American people ask any more convincing evidence that public health is purchasable?

"It is simply a matter of dollars and authority. The cost of accomplishing these wonderful results on the Isthmus has been about \$2.43 per person annually in the zone affected. This is less than Key West spends annually for its fire department, where the death rate (22.5) is higher than it is in Panama.

"Are the lives of the white and black people of the Isthmus of any more value than the lives of the white and black people of the states?

"If Colonel Gorgas, under the most extraordinary difficulties, can conquer the diseases due chiefly to the mosquito and fly pest, why can it not be done in American cities where the obstacles to overcome are relatively trifling and the cost much less?

"If we know how to change the deadly swamps and jungles of Panama into health-

ful abodes for man, what excuse have we for not applying the same knowledge to its full extent to American communities?

"It is difficult to realize that Panama, the former pest-hole of the tropics, is now more healthful than a number of American seaport and river cities.

"Compare the Panama death rate of 21.4 with that of Charleston, S. C. (1910), 29.7; Savannah, 26.9; Mobile, 23.0; Richmond, 22.6; Key West, 22.5; Memphis, 21.4; New Orleans, 21.3; Washington, D. C., 19.6, and with the many other wealthy and prosperous American cities where the death rate is from 15 to 20. And there are scores of towns and cities in the United States with virtually no public health service.

"Colonel Gorgas has emphasized the fact and placed it squarely before the American people, that the excessive death rate from preventable disease in our communities is nothing short of a communal crime."

One could hardly ask for a better demonstration of the fact, now being recognized, that good health is a purchasable commodity, and that sickness can be insured against and prevented if the public is willing to pay enough for safeguards.—A. M. A. Journal.

### Personals and News Items.

Dr. A. J. Vance of Harrison visited Little Rock last month.

Dr. Luther E. Moore of Searcy spent a day in Little Rock last month.

Dr. E. R. Cotham of Monticello is in New Orleans.

Dr. W. H. Abington of Beebe visited in Little Rock last month.

Dr. A. E. Harris of Little Rock has returned from Walnut Lake.

Dr. R. C. Kory of Little Rock has returned from New Orleans.

Dr. John F. Rowland of Hot Springs spent a few days in Little Rock recently.

Dr. J. P. Runyan has returned from Chattanooga, where he attended the Baptist Laymen's Convention.

Dr. James O. Rush of Forrest City spent a few days in Little Rock last month in the interest of the proposed route of the Cross State Highway Association.

Dr. and Mrs. C. R. Shinault, with their daughter, Miss Josephine, and niece, Miss Charline Shinault, are visiting in New Orleans.

Dr. R. C. Dorr of Batesville spent a day in Little Rock this month.

Drs. W. H. McKie, Wynne; T. J. Stout, Brinkley; Frank B. Young, Springdale; S. A. Southall, Lonoke, and J. D. Southard of Fort Smith, with a number of Little Rock physicians, were present the morning the Public Health Bill passed the Senate.

Drs. J. A. Bogart of Forrest City and J. D. Hart and L. E. Love of Dardanelle spent a day in Little Rock this month.

Dr. Wm. A. Snodgrass of Little Rock announces the limiting of his work to general surgery and office practice.

#### PHILIPPINE CIVIL SERVICE EXAMINATION.

Assistant in Experimental Therapeutics  
(Male).

The United States Civil Service Commission announces an open competitive examination, March 10, 1913, for assistant in experimental therapeutics, Philippine Service, for men only. From the register of eligibles resulting from this examination certification will be made to fill a vacancy in the position of research assistant in experimental therapeutics in the Bureau of Science, in Manila, Philippine Islands, at a salary of \$2,000.00 a year, and vacancies as they may occur requiring similar qualifications, unless it is found to be in the interest of the service to fill any vacancy by reinstatement, transfer or promotion.

This position offers to the ambitious and capable physician a wide field for experimental therapeutics work. The Bureau of Science possesses one of the largest and most favorably known research laboratories in existence, and it is in the immediate vicinity of the Philippine General Hospital, which is probably the best institution of its kind in the Eastern Hemisphere. In view of the excellent opportunities presented, qualified persons are urged to enter this examination.

It will not be necessary for applicants to appear at any place for examination. Their eligibility will be determined upon the evidence furnished in connection with applica-

tion and examination Form B. I. A. 2, concerning their training and the work which they have accomplished.

Persons who comply with the requirements and desire this examination should at once apply for Form B. I. A. 2 to the United States Civil Service Commission, Washington, D. C.

#### FEDERATION OF STATE MEDICAL BOARDS.

The Federation of State Medical Boards will hold its annual meeting at the Congress Hotel, Chicago, on Tuesday, February 25, 1913.

Essayists, eminently qualified, will prepare papers upon the following subjects:

"Is Universal Reciprocity to Be Desired?"

"Should Medical Boards Require One or More Years of College Work Preliminary to the Study of Medicine?"

"Should One or More Years in a Hospital Be Required for Admission to the Examination for Medical Licensure?"

"Rules and Regulations Governing Examinations for Medical Licensure."

"Qualification of Examiners."

"What Fee Should Be Required for the Examination?"

"Benefit of Having a Single Federation of State Medical Boards and Method of State Board Record Keeping."

"Means of Keeping Politics Out of State Board Affairs."

These topics are all practical and of vital interest to medical colleges, medical examining boards, the profession at large and the public.

Those contributing the papers on these subjects come with years of experience, and no medical board can afford not to be represented. An earnest and cordial invitation to this meeting is extended to all members of state medical examining and licensing boards, teachers in medical schools, colleges and universities, delegates to the Council on Medical Education of the A. M. A., to the Association of American Medical Colleges and to all others interested in securing the best results in medical education and legislation.

The officers of the federation are: Arthur B. Brown, M. D., president, New Orleans; George H. Matson, M. D., secretary-treasurer, Columbus (state house), Ohio; James

A. Duncan, M. D., chairman executive committee, Toledo.

We await its publication with much interest.

### DIABETES MELLITUS.

William E. Fitch, M. D., 355 West 145th Street, New York City, is undertaking an exhaustive research into the pathology, etiology and dieto-therapy of diabetes mellitus, and is anxious to hear from every physician in the United States who has a case under treatment or who has had any experience in the treatment of this malady. Von Noorden says: "The best treatment for the diabetic is the food containing the greatest amount of starch which the patient can bear without harm." If any physician who reads this has similar or contrary experience, and will take the trouble to write, Dr. Fitch would esteem it a special privilege to hear from him, if only to the extent of a postal card.

### A NEW WORK ON THE HISTORY OF MEDICINE.

W. B. Saunders Company, publishers, of Philadelphia, have in active preparation a work on the History of Medicine by Dr. Fielding H. Garrison, principal assistant librarian, surgeon general's office, and editor of the Index Medicus. Dr. Garrison's twenty years' experience in medical bibliography, and the unusual advantages derived from his close touch with the rich stores of the surgeon general's office, fit him most admirably for a work of this nature.

His book will present the history of medicine from the earliest ancient and primitive times down to the present, with biblical notes for collateral reading.

Dr. Garrison's work, which is presented in a concise form, will undoubtedly be a valuable book for every medical man.

The illustrations are intended to stimulate the reader's interest in the picturesque aspects of medicine and in the personalities of its great leaders. The biographies will be confined to the most important facts and to interesting personal traits. The original bibliographic references to the important discoveries, operations and experiments will be given. Each period is to be followed by a brief survey of its social and cultural phases. Altogether, it promises to be a most important addition to medical literature.

### CONFERENCE FOR EDUCATION IN THE SOUTH.

At Richmond, Va., April 15-18, 1913, men and women of all callings—farmers and bankers, teachers and railway presidents, preachers and manufacturers, school men and business men—will meet to take counsel and to determine what they can do to bring about conditions and opportunities in the country which will make life on the farms attractive to young people. Speakers of national reputation will be heard. Short concrete stories of the work of the farm demonstration agents, health inspectors, rural school supervisors and high school inspectors will be set forth, and the liberal use of the stereopticon will be one of the features of the meeting. For program or further information, address A. P. Bourland, Executive Secretary, 725 Southern Building, Washington, D. C.

### County Societies.

#### Jefferson County.

(Reported by Dr. J. T. Palmer, Secretary.)

Pine Bluff.—The Jefferson County Medical Society met in this city last month and elected the following officers:

President—Dr. B. D. Luck.

Vice President—Dr. T. W. Woodul.

Secretary and Treasurer—Dr. J. T. Palmer.

Delegate to the State Society—Dr. Wm. Breathwit.

A resolution was passed condemning the custom of some physicians in this city who sanction the use of their names in the daily papers in connection with surgical operations.

The president instructed the secretary to inform the lay papers of Pine Bluff of this resolution.

Drs. Lemmon and McMullen were elected to membership.

#### Washington County.

(Reported by Dr. H. H. Towler, Secretary.)

Fayetteville.—The Washington County Medical Society met in this city January 7, and elected the following officers:

President—Dr. E. F. Ellis.

Vice President—Dr. Cannon.

Treasurer—Dr. W. D. Wood.

Secretary—Dr. H. H. Towler.

Delegate to the State Society—Dr. E. F. Ellis.

Alternate to the State Society—Dr. S. Christian.

### **Drew County.**

(Reported by Dr. W. A. Brown, Retiring Secretary.)

Monticello.—The Drew County Medical Society met in this city January 29, and elected the following officers:

President—Dr. M. B. Corrigan.

Vice President—Dr. R. N. Smith.

Secretary and Treasurer—Dr. E. R. Cotham.

It was announced that the next meeting would be held on the first Tuesday in March at 8 p. m.

### **Montgomery County.**

(Reported by Dr. L. S. Kennedy, Secretary.)

Mt. Ida.—The Montgomery County Medical Society met at Mt. Ida, January 14. Present: Dr. J. D. Robbins, president, Oden; Dr. J. Kirkpatrick, vice president, Oden; Dr. L. S. Kennedy, secretary-treasurer, Mt. Ida; Dr. W. D. Freeman, Mt. Ida; Dr. J. B. Steuart, Womble; Dr. J. H. Murphy, Mimosa; Dr. I. N. Freeman, Washita.

A general discussion of the plan of work for the present year proved the principal feature of the meeting.

A resolution urging our senator and representative to support the public health bill was adopted. A resolution to make Mt. Ida the permanent meeting place of the society, which meets on the 2d, was also adopted.

The president appointed the following as chairmen of the respective departments for the ensuing year:

Diseases of Children, Dr. W. D. Freeman.  
Practice, Dr. J. Kirkpatrick.

Obstetrics, Dr. L. S. Kennedy.

Gynecology, Dr. I. N. Freeman.

Surgery, Dr. J. B. Steuart.

Therapeutics, Dr. J. H. Murphy.

Pathology, Dr. J. H. McLean.

### **White County.**

(Reported by Dr. I. R. Majors, Secretary.)

Searcy.—The White County Medical Society met in this city January 9, at 2 p. m.

Members present: Drs. J. L. Jones, S. T. Tapscott, Jr., J. M. Jelks, L. E. Moore, W.

H. Hossell, J. B. Grammer, I. R. Majors, of Searcy; E. R. Barker of Center Hill and A. G. Harrison of Kensett.

Visiting physicians: Drs. C. W. Garrison of Little Rock and J. L. Jelks of Memphis.

The scientific program was as follows:

"Pellagra," by Dr. J. L. Jones.

Dr. Jones also exhibited two cases of pellagra, which elicited a general discussion.

The election of officers for the ensuing year resulted as follows:

President—Dr. E. R. Barker, Center Hill; vice president, Dr. A. G. Harrison, Kensett; secretary and treasurer, Dr. I. R. Majors, Searcy; delegate to the State Medical Society, Dr. J. M. Jelks; alternate, Dr. A. G. Harrison.

The society then adjourned to meet in the First Baptist Church at 7:30 p. m.

### **PUBLIC MEETING.**

The open session consisted in the following lectures:

"Railway Car and Municipal Sanitation," by Dr. J. L. Jelks of Memphis.

Hookworm Disease, with stereopticon illustrations, by Dr. C. W. Garrison, State Sanitary Director, State Board of Health, Little Rock.

### **Lee County.**

(Reported by Dr. W. B. Bean, Secretary.)

Marianna.—The Lee County Medical Society met in this city January 6. The following officers were elected:

President, Dr. S. C. Russwurm; vice president, Dr. E. D. Wall; secretary and treasurer, Dr. W. B. Beam; delegate to the Arkansas Medical Society, Dr. A. A. McClen-don; alternate, Dr. T. H. Ingram; board of censors, Drs. W. W. Longley, C. W. Chaffin and W. S. Beatty.

Dr. T. H. Ingram was elected to membership at this meeting.

### **Pulaski County.**

(Reported by Dr. J. B. Dooley, Secretary.)

Minutes of meeting held February 10, 1913:

The meeting was called to order at 8:10 o'clock p. m. by Dr. Caldwell, with the following members present: Drs. Snodgrass, Gray, Carmichael, Gibson, Judd, Bathurst, Chesnutt, McRae, Harris, Saxon, Cates, Bond, A. R. Stover, Caldwell, Garrison and Dooley.

The minutes of the last meeting were read and approved, and as there were no clinical cases presented, Dr. C. W. Garrison read a very interesting and practical paper, entitled "Intestinal Parasites as a Predisposing Factor in Disease." The paper was discussed and complimented by the members present.

The regular paper for the evening was given by Dr. Snodgrass, entitled "La Grippe," the essayist calling particular attention to the frequent cases recently seen having subnormal temperature, yet showing every symptom of depressed and disturbed condition present in this disease. In the discussion of the paper others gave similar experiences with subnormal temperatures; some gave accounts of the use of vaccines, in some cases successful and in others disappointing. Dr. Gibson, with the permission of the society, read a very interesting paper by Dr. E. R. Duval, deceased, once a prominent practitioner at Fort Smith. This paper was also written on the subject of "La Grippe," and read in this city before the College of Physicians and Surgeons, a medical society of Little Rock in 1875. The paper showed every evidence of high scholarship and thorough knowledge of the clinical history of "La Grippe," and gave as efficient methods of treatment as are known today. The paper was very interesting and was much appreciated by all present.

The application of Dr. Garrison for transfer from the Sebastian County Medical Society to the Pulaski County Medical Society was acted upon favorably, and he was elected to membership.

Under the head of miscellaneous business, President Caldwell announced that the officials of the Society had been offered a fine room at the Public Library for the use of the society and as a repository for the medical library, including that now on hand due to the generous bequest of the late Dr. W. E. Green. After some inquiries as to various features of the matter, a resolution offered by Dr. Snodgrass was adopted, accepting the offer of the management of the Public Library to furnish a room for the use of the above mentioned medical library and for the regular meetings of the Pulaski County Medical Society. The society instructed the president and secretary to purchase the necessary furniture for the room and attend to all details necessary for establishing the library.

The society also adopted the following rules as to the use of books of the medical library:

"That the free use of any and all books be allowed to any desiring to read them, but under no circumstances are any of the books to be taken from the room in which the library is located."

There being no other business before the society, a motion to adjourn was carried.

The members of the society are highly pleased with their fine location in the Public Library, and with the splendid library left by the late Dr. W. E. Green. In this library are many valuable volumes which cannot be procured elsewhere at the present time. The books are being catalogued and arranged in cases convenient for use, the number of volumes being about five hundred. With this nucleus, the Pulaski County Medical Society hopes to build a splendid medical library, the equal of any in the Southwest.

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## Book Reviews.

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**Pathfinders in Medicine.**—By Victor Robinson. Octavo, 317 pages, with 16 illustrations. New York: The Medical Review of Reviews. Price, \$2.50, postpaid.

This work is a series of essays concerning Galen and Greek Medicine; Aretaeus, the Forgotten Physician; Paracelsus, Iconoclast of Medicine; Servetus, the Medical Martyr; Vesalius, the Anatomist; Pare, the Surgeon; Scheele, the Apothecary; Cavendish, the Chemist; Hunter, the Natural Philosopher; Jenner and Vaccination; Laennec and Auscultation; Simpson and Chloroform; Semmelweis, the Obstetrician; Schleiden and Schwann; and Darwin, Saint of Science, who have immortalized themselves in the practice of medicine or collateral sciences.

The work is dedicated to Ernst Haeckel, the greatest living exponent of rationalism, the author of "The History of Creation," etc. Following the dedication is a letter of acceptance, in German script, with the autograph of Haeckel. The introduction is by Dr. A. Jacobi, who speaks highly of the work. "The Pathfinders in Medicine" avoids the dry details which characterize the more elaborate histories of medicine. It is written in conversational style, with a spice of humor interjected here and there, and will doubtless be read by hundreds of

physicians who would never read the more complete works.

**New Aspect of Diabetes; Pathology and Treatment.**—By Prof. D. Carl von Noorden, professor of the first medical clinic, Vienna. Octavo, 160 pages, diagrams and tables; \$1.50 postpaid. E. B. Treat & Co., publishers, New York, 1912.

This volume embraces the series of lectures on diabetes recently delivered before the New York Post-Graduate Medical School.

#### Outline of Lectures.

1. The Source of Sugar.—Carbohydrates; Proteids; Fats; Summary.
2. The Rise in Caloric Production and Its Causes.
3. The Control of Sugar Formation and Its Disturbances. Theories of Diabetes.—The Liver as the Place of Control; the Influence of Other Organs on the Liver; the Diabetic Hyperirritation of the Sugar-Forming Apparatus; Is Diabetes a Single Morbid Entity?
4. Therapy of Diabetes.—Introduction; What Is the Object of Carbohydrate Restriction? Principles of Treatment in Slight Cases; Principles of Treatment in Transitional Cases; Principles of Treatment in Severe Cases; Tolerance Determinations; Carbohydrate (Oat) Cure; Therapy of Acidosis; Drugs; Concluding Remarks.

#### Acetonuria—Its Influence on the Treatment of Diabetes Mellitus.

1. Slight Glycosuria.—Cases in Which Carbohydrates Had Been Freely Used; Cases in Which Carbohydrates Had Been Disused.
2. Severe Forms of Glycosuria.—Most Severe Cases; the Really Severe Forms of Glycosuria.
3. Special Indications.—Alkaline Therapy; Feeding.

**Psychoanalysis; Its Theories and Practical Application.**—By A. A. Brill, Ph. B., M. D., chief of the Neurological Department of the Bronx Hospital and Dispensary; clinical assistant in psychiatry and neurology at Columbia University Medical School. Octavo. 337 pages. Philadelphia: W. B. Saunders Company, 1912. Cloth, \$3.00 net.

This volume is full of valuable and interesting ideas for the medical profession to grasp.

The main object of the author is to present the practical application of the theories of his esteemed teacher, Professor Dr. Sigmund Freud, hoping thereby not only to remove many false conceptions entertained concerning psychoanalysis, but to stimulate further interest in Freud's original work. The volume contains twelve chapters, entitled as follows: The Psychoneuroses; Dreams; the Actual Neuroses; the Compulsion Neuroses (Obsessions, Doubts, Phobias); Psychoanalysis and the Psychoses; Psychological Mechanisms of Paranoia; Psycho-Pathology of Every-Day Life; Hysterical Fancies and Dreamy States; the Oedipus Complex; the Only or Favorite Child in Adult Life; Anal Eroticism and Character; Freud's Theory of Wit.

**E. Merck's Annual Report of Recent Advances in Pharmaceutical Chemistry and Therapeutics.**—Volume XXV, paper, 508 pages. Published by Merck & Co., New York.

This issue includes special articles on "The Glycerophosphates" and "The Digitalis Glucosides and Allied Drugs."

By making an early application, physicians can obtain a copy of this report by remitting forwarding charges of fifteen cents in stamps—no charge having been made for the volume itself.

**Progressive Medicine.**—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., professor of therapeutics and materia medica in the Jefferson Medical College, Philadelphia, assisted by Leighton F. Appleman, M. D., instructor in therapeutics, Jefferson Medical College, Philadelphia. Volume IV, December, 1912. Lea & Febiger, publishers, Philadelphia. Subscription price, \$6.00 per annum.

Contents of this volume as follows:

Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum.

Diseases of the Kidneys.

Genito-Urinary Diseases.

Surgery of the Extremities, Shock, Anesthesia, Infections, Fractures and Dislocations, and Tumors.

Practical Therapeutic Referendum.

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# THE JOURNAL

## OF THE Arkansas Medical Society

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WILLIAM R. BATHURST, M. D., *Editor*

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This is the official Journal of the Arkansas Medical Society. All communications should be addressed to the Journal of the Arkansas Medical Society, State Bank Building, Little Rock, Ark.

### Original Articles.

#### ACUTE SUPPURATIVE OTITIS MEDIA.\*

By W. T. McCurry, M. D.,  
Little Rock.

Mr. President and Members of the Arkansas Medical Society:

It is a pleasure, as well as an honor, to be asked to present such an important subject as has been assigned to me. It is with mutual interest to the general practitioner and the specialist I wish to call your attention to a few points on the above subject, which are frequently overlooked by the general practitioner.

I shall not go into details or bore you with a lengthy paper, but will be as brief as possible. In dealing with acute otitis media, you will find it to be the most common of all middle ear troubles, and most frequently occurs in childhood. However, adults are by no means exempt. The causes are the exanthemata, especially scarlet fever, measles, scarlet fever when complicated with diphtheria, which is peculiarly prone to attack the middle ear and to lead to

great destruction of tissue, exfoliation of the ossicular chain and involvement of the internal ear.

Diphtheria, typhoid fever, smallpox, diabetes and tuberculosis are also important causative factors.

Predisposing causes: Post-nasal adenoids, either alone or in combination with enlarged tonsils, mouth breathing and all varieties of nasal stenosis.

It is somewhat difficult to draw a sharp line of distinction between the various types of acute inflammation of the middle ear. Such distinctions as mucous catarrhal serous, membranous and purulent, are arbitrary, as they often merge into one another and merely represent stages or degrees rather than separate forms which are due to variations in the nature and intensity of the infection. A mucous catarrh terminates as a purulent discharge; however, there is a distinct clinical difference between a mild catarrhal type of inflammation and one that is pyogenic from the first. The quicker these distinctions are made, the better for your patient.

In diagnosis of suppurative otitis media, pain and temperature are the most important symptoms. At first it is confined to the depth of the auditory meatus, and radi-

\*Read in the Section on Surgery of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

ates over the corresponding side of the head, forward to the forehead and upper teeth, backward to the occiput, and downward towards the shoulder. Pressure around the ear and directly in front of the tragus along the eustachian tube causes intense pain, while such acts as yawning, coughing, sneezing or blowing the nose cause a temporary increase of discomfort.

You will find the drum membrane is usually bulging and inflamed, and at times you can see pulsating vessels, but after perforation the tinnitus is materially lessened and should soon disappear. Prolonged suppuration is an unfavorable sign, and indicates, as a rule, ossicular adhesions, more especially stapes ankylosis, or damage to some portion of the internal ear. In infants and very young children acute otitis media is often recognized by such acute symptoms as to simulate an attack of meningitis, and rigors occasionally take place in the early stages of the purulent process, the temperature frequently rising to 102 or 103. The main indications are to relieve pain and to afford free exit for the product of suppuration.

If possible, the patient should be confined to bed in a warm and slightly darkened room. A smart purge, preferably an alkaline aperient, should be administered, and all food should be light and capable of easy digestion. To diminish arterial or general blood pressure, calomel, antimony or aconite may be administered, or heat applied to the feet or abdomen.

The instillation into and the retention in the meatus of warm sterilized water, or medicaments such as solutions of cocaine and adrenalin, glycerine or carbolic acid (B. Hewetson), acetate of aluminium or of lead, etc., is useful.

It has been said by some one that any form of otitis media may be summed up in the word "drainage." Drainage can be accomplished successfully through the eustachian tube; also drum membrane by incision. I would suggest a free incision. Of course, the mastoids are sometimes simultaneously involved with the middle ear. The simplest case of middle ear trouble should be carefully looked into, as in young children you will remember the roof of the middle cranial fossa is as thin as parchment and not infrequently infections of the brain take place through this avenue, and, like-

wise, the barriers between the mastoid and lateral sinus are extremely thin, and infections take place in this direction very easily.

After doing all we can, we feel discouraged, as did Hippocrates, that life is too short for completeness in our art. That "experience is fallacious and judgment difficult" has, through all the centuries, been of immense comfort to the medical conscience. It soothes one's troubled feelings in all instances where we wish the patient had not died, and are a little uncertain of our relation to the final event. The old Greek's depressing remark comes to one's mind in the study of every case of acute otitis media. Yet experience will aid our judgment and is not necessarily fallacious, and the indications (drainage) I have mentioned are very safe guides in determining the question of choice between a continuance of antiphlogistic and sedative treatment of free drainage.

In closing this paper, I wish to thank you gentlemen for the kindness bestowed upon me. I also ask your free discussion of this paper.

#### DISCUSSION.

Dr. Mann (Texarkana)—I feel especially interested in this paper, because Dr. McCurry is an old friend of mine. I think he is eminently correct in a good many things he has said. In children I believe that nine-tenths of the cases of acute otitis media are due directly to enlarged tonsils and adenoids. I believe that if you give relief to one attack only of an acute otitis media without removing the enlarged tonsils and adenoids, you will have recurrences from time to time, and in time the child's hearing will be greatly impaired. I think in every case of otitis media in children the throat and the naso-pharynx should be examined to see if they have enlarged tonsils and adenoids, and, if they do, by all means these should be removed.

I believe, furthermore, that in all cases of acute otitis media, where you have redness and bulging of the drum membrane, if this condition does not subside within twenty-four hours at least, or largely subside within that time, that a paracentesis should be done. I believe that early drainage will relieve a great many of these patients and save them sometimes a long time of suffering with loss of hearing and the necessity in the end of a mastoid operation.

I believe on these two things, if the patients are seen early, hang the principal points in the treatment. In children the removal of the adenoids and tonsils, not only to give relief in that attack, but to save the hearing in the future, preventing future attacks; and early drainage within the first twenty-four hours at least or not later, if we can help it, and get rid of the infection, to prevent complications such as mastoids and to save the hearing.

Dr. Caldwell (Little Rock)—This is a subject, I think, of very much importance. I have read

two papers on this subject before the State Society in the last three years, and in each paper I have brought out the point that I want to bring up again today, that every general practitioner should have a head mirror and ear speculum, and if he will examine every case of ear trouble that comes to his office within the next month or two months, he will be able to tell within a short time when an ear drum is bulging. If that ear drum is bulging, and causing the patient trouble, do not wait twenty-four hours. Puncture it. Do not wait six hours or twelve hours.

I had a man blow his nose one morning at 4 o'clock, and he blew some infection out into his ear. He came in at 8 with severe pain in his ear, and I lanced his ear immediately.

Acute otitis media is important, because it is the forerunner of mastoids. I have had two mastoids in the last year in babies eight months old. I have lanced two ear drums in the last six months in babies six and ten months old.

In every obscure condition that we have, that we do not know exactly what is the matter, we should see if there is anything the matter with those ears. The great thing in these operations is drainage. Remember, it doesn't hurt the ear drum to split it. We have a good deal of trouble with our patients sometimes, asking us if they will ever hear again after we split the ear drum. I had a patient Thursday in my office with a discharging ear. It ruptured itself. I punctured it Saturday, split it wide open, and it grew up by Monday. That's the experience I had in the last week. They grow up too rapidly most times, instead of not growing up at all. I want to impress that on everybody.

I enjoyed the paper very much. I wish to repeat, the greatest things in these conditions is drainage, getting it early.

Dr. Snodgrass (Little Rock)—There is one thing I would like to ask in the discussion of this paper, and that is the importance of cleansing the ear aseptically after the drum membrane has been opened. I had a very sad experience a few years ago in a boy who had otitis media, and the ear drum was opened and left with a grandmammy, who, I suppose, washed the ear with almost any solution she could get. The water wasn't sterile. He had an infection there, later a mastoid operation, and he died from meningitis. I don't think I will ever trust another case of that gravity to the mother or anyone that is not skilled in asepsis to look after the treatment of the ear after the drum membrane has been excised. I want to condemn the use of peroxide of hydrogen as an ear wash. I think it is the greatest disseminator of infection we can possibly use.

Dr. Vinsonhaler (Little Rock)—I think one essential requisite is to give an anesthetic. I remember meeting an acquaintance of mine one time who just had a drum punctured without an anesthetic. He told me that all of the sins that he had committed previously had been visited on his own head. He didn't know of any pain more excruciating than putting a knife to a drum membrane that was acutely involved. I think the best anesthetic, the easiest and safest, if it is available, is nitrous oxide. It is quick and it is safe. A great many use equal parts of carbolic acid, cocaine and menthol. Locally applied, I do not think that is as acceptable and as thorough an anesthetic as nitrous oxide gas. Of course, where that is not available, ether is the anesthetic.

Another thing I think very important is thoroughly disinfecting the auditory canal, to prepare it as though you were going to do an abdominal section. After you have made a section of the drum membrane, then examine the discharge microscopically and determine, if possible, exactly what sort of infection you are dealing with, whether streptococci, pneumococci, or what is the basis of the infection. That has a great deal to do with the line of treatment to follow. It has a great deal to do with the prognosis we make, because if the microscope shows your infection is streptococci or pneumococci, we are most certain to have trouble. That class of cases make up the great majority of mastoid operations.

It is the practice of a good many to put bands on the outside of the ear to exclude any possible source of infection from the outside. We know a great many of these cases of otitis media are prolonged by outside infection, due to the carelessness of those who cleanse the auditory canal with unclean cotton or unclean instruments or douche with solutions that are not sterile, and that these cases are prolonged from time to time and the disease aggravated. So that I think the greatest care should be exercised in the treatment of these cases until they are entirely well.

Dr. McCurry (Essayist)—I heartily endorse Dr. Mann's remarks on the adenoids and enlarged tonsils. I remember that only two weeks ago a little girl presented herself to me, suffering with suppurative otitis media of two years' standing, following an attack of scarlet fever. She had had several recurrent attacks, and upon examination of her throat I found the tonsils and adenoids in a very bad condition, and removed them both. I saw her just before coming here, and her otitis media seemed to be well, there being no discharge whatever from her ear.

I am glad Dr. Caldwell brought out the point of making a free opening in the drum membrane, for I have had more trouble in keeping the drum membrane open than I have had in making a free incision.

I am also glad that Dr. Snodgrass brought out the point about peroxide of hydrogen being a disseminator of trouble. It spreads more puss than it kills in the ear, and I think this a very timely suggestion.

I use sterile water with carbolic acid and in 1:200 or 1:3000 bichloride as an irrigation, and would suggest a loose packing of the ear with plain gauze moistened in absolute alcohol. The packing should be changed every day until free from pus. You can use the Politzer's bag for freeing the pus through the eustachian tube. Dr. Vinsonhaler's remarks on paracetic without anesthesia is very good, as I have found a great deal of trouble trying to open a drum membrane under a weak solution of cocain.

I think gas is the best thing one can use. If convenient, after the operation, all secretion should be examined under a microscope to make a proper diagnosis, as well as give an intelligent prognosis.

The germs try to burrow down into every mastoid they enter, as the auditory canal is a good incubator. I could not recommend the use of oily solutions in the ear, as this produces more trouble by keeping the secretions mixed with the oil and multiplies the germs.

## THE OBSTETRICIAN AND THE PERINEUM—HIS CARE OF DURING AND AFTER LABOR.\*

By Allen E. Cox, M. D.,  
Helena.

The responsibility that devolves on the obstetrician in taking charge of a case of labor is indeed very great, and so far as the future health of the mother is concerned there is no part of the labor accouchement of greater concern to us than the successful management of the perineum during the period of its extreme tension occasioned by the passing of the fetal head. Our judgment at this time as to how much stretching the perineum will stand without injury is relative, and experience teaches us that the amount of tension which the perineum of one woman will stand without injury is no criterion as to how much tension will be safely borne by the next woman.

In order that we may more intelligently deal with this subject, it will be necessary for us first to consider the anatomy, relations and functions of the perineum. According to Gray, the boundaries of the pelvic outlet are: In front, the pubic arch and subpubic ligaments; behind, the tip of the coccyx; and on each side, the rami of the pubes and ischium, the tuberosities of the ischium, and great sacrosclatic ligaments. The space included by these boundaries is somewhat lozenge-shaped and is limited on the surface of the body by the scrotum in the male, and the mons veneris in the female in front; by the buttocks behind, and on each side by the inner sides of the thigh. A line drawn transversely between the anterior part of the tuberosities of the ischium on each side, in front of the anus, divides this space into two portions; the anterior portion contains, in the female, the vagina and urethra, and is called the perineum. The posterior portion contains the termination of the rectum and is called the ischio-rectal region. The ischio-rectal fossae situated on either side of the rectum are filled with fat and serve as a pad to both rectum and the perineum, and permit of a great amount of distension in either without injury. This point remembered will often aid us in

correctly estimating amount of distension that the perineum can withstand without rupture in a given case.

The parts that are of interest to us in this connection are the sphincter ani, levator ani and coccygeus muscles, which form the internal boundary of the ischio-rectal fossa, and the superficial and deep perineal fasciae junction forming the boundary in front. These in common with the perineum, allow of great distension of the vagina at the time of the delivery of the fetal head.

The perineum fills the interval between the lower part of the vagina and rectum. Its base is covered by the skin lying between the anus and the vagina, or what is called the perineum. Its anterior surface lies behind the posterior vaginal wall, and its posterior surface lies in front of the anterior rectal wall and the anus. It measures about an inch and a quarter from before backwards, and laterally extends from one tuberosity of the ischium to the other. In it are attached the muscles belonging to the external organ of generation. Through its center runs the transverse perineal septum, which is of great strength in women, and forms on either side, behind the posterior commissure, a hard, ill-defined body, consisting of connective tissue, with yellow elastic tissue and interlacing bundles of thin voluntary muscle fibres, in which the voluntary muscles of the perineum are inserted.

The levator ani is by far the most important muscle of the pelvic floor. It is a broad, thin muscle situated on either side of the pelvis, and by union with its fellow on the opposite side it forms a floor of the true pelvis, and through its peculiar long and tendonous attachments, together with the coccygeus, it forms a perfect sling for the rectum. Their anterior boundaries are not united, to allow of the passage of the urethra and vagina. Its anterior and posterior fibres have long attachments, but the large central portion arises from a tendonous arch over the obturator internus. Its form is that of a horseshoe, and its peculiar attachments give it great power and a wide range of action.

The four muscles, external sphincter ani, accelerator urine and the two transversus verina, are situated just in front of the anus and forms the central tendonous portion of the perineum. We must not forget this arrangement and the rectal attachment of the

\*Read in the Section on Obstetrics and Gynecology of the Arkansas Medical Society, at the Thirty-sixth Annual Session, at Hot Springs, May, 1912.

levator ani and coccygeus, because during the expulsive pains of parturition the action of these muscles are upward, and, being drawn tightly over the presenting part of the fetus, they produce dilatation of the vagina and anus.

The pelvic fasciae form an important part of the support to the perineum, uterus, tubes, ovaries and bladder, and especially is this true with the deep fasciae, as they serve as one of the main supports of the contents and flow of the true pelvis. The fasciae covering the levator ani and the coccygeus, and to a less extent transversus perinei, form an important part of the pelvic support. And thus we notice that the perineum proper is made up of muscles, fasciae, connective tissue, blood vessels and nerves, so interwoven in the inferior portion of the pelvis as to constitute a true floor. Such conception of the arrangement of these structures is necessary in studying their relations to the process of parturition.

Some of the factors that jeopardize the perineum during the second stage of labor are: In handling an obstetrical case we should observe the strictest asepsis, preparation same as for major surgical procedure, and by all means use rubber gloves; precipitate or uncontrollable labor, mechanical difficulties, a rigid and irritable condition of the perineum, which is often met with in primipara, undue and untimely administration of ergot—in fact, it's extremely rare that ergot is ever necessary in any state of labor.

The obstetrician usually does not object to delivery being accomplished as soon as possible, yet we may have delivery effected so rapidly from the powerful uterine contractions, aided by the abdominal muscles, that the integrity of the whole pelvic floor may be destroyed.

Mechanical difficulties of labor are, malposition of the child and malformation of the pelvis or child, or both; but the most frequent of these is face and breech presentations, and, if not corrected, these often cause perineal injury. The rigid and irritable perineum so often met in the primipara calls for especial attention which will be considered along with some of the other abnormal conditions of labor, and the undue and untimely administration of ergot, I think, we cannot condemn too strongly.

Given the conditions producing the injuries, or at least many of them, how can we best avoid these injuries, and when it is not possible to avoid, how can we reduce to a minimum their injurious effects? We cannot always successfully accomplish this, because lacerations in varying degrees will occasionally happen under the most perfect surroundings and in the most skillful hands, consequently no physician can blame another for the accident. Nothing can be more crude or selfish, or savor more strongly of the charlatan, than to herald forth to the laity as faults of another that which he himself cannot avoid. And it is the boast of ignorance and want of careful attention to the proper management of the puerperium for a physician doing even a moderate obstetric practice to say that he never had a laceration occur under his care.

The percentage of injuries to the pelvic floor occasioned by the passing head is about eighteen per cent. The American Text-Book of Obstetrics makes the statement that "Lacerations of the pelvic floor in general practice probably occur in not less than thirty-five per cent of first deliveries, and in about ten per cent of subsequent labors. This percentage of injuries, however, is capable of considerable reduction under proper management of the perineal stage of birth. In skillfully conducted labors the proportion of lacerations should scarcely exceed fifteen per cent. In cases of a relatively small vulvovaginal orifice, narrow pubic arch, unusual rigidity of the pelvic floor, breech extraction and other rapid deliveries, notable injuries are inevitable in a large proportion of cases."

Williams in his most admirable work on obstetrics says: "Injuries to the perineum are of very frequent occurrence, and cannot always be avoided even under the most skillful treatment. The statements as to their frequency vary considerably, but all authorities agree that they occur much oftener in primiparous than in multiparous women. Thus, Schroeder observed them in 34.5 and 9 per cent of his cases, respectively; Belandin in 25.99 and 4.19 per cent, and Ols-hausen in 21.1 and 4.7 per cent. These figures would seem rather too conservative, as slight tears implicating the fouchette occur in from one-half to two-thirds of all primipara and in ten per cent of multi-

parae. Occasionally one meets with physicians who say that they have delivered several thousand women with one or two, or possibly without a single tear. Such statements, however, are always erroneous, and merely indicate that the physician has not inspected the parts after labor, and designates as torn only those cases in which the vagina and rectum have been converted into a cloaca, to the existence of which his attention would assuredly be called by the patient."

Time is one of, if, indeed, not the most, important factors in the preservation of the pelvic floor during the process of parturition. Full relaxation and dilatation can almost invariably be accomplished by preventing the too rapid advance of the head. Malpositions, if possible, should be corrected, and at the time of delivery of the head we should direct our patient to cry out and breathe rapidly, in order to suspend the action of the abdominal muscles. We are told by the gynecologists that the deep fasciae are the first tissues to give way under the strain of the passing fetal head—a point well worth remembering when we come to repair these lesions, particularly those injuries to the pelvic floor occurring without mucous membrane of the vagina giving way, known as submucous lacerations. The old-time custom of supporting the perineum is so-called support, by making pressure on it against the advancing head, has long since been abandoned, and, instead, pressure should be made with the right thumb and index finger directly against the advancing head in such a manner as to make it hug the symphysis and thereby favor extension.

Drugs are of service just here, and particularly is this true in a case of chloroform and sometimes morphin where the perineum is rigid, irritable and slow to relax; in fact, it has been my custom during the years of my obstetrical practice to administer chloroform during the pains of the second stage of labor and carry it to full narcosis during the height of the perineal stage. The adoption of this course, in my opinion, materially reduces the percentage of lacerations. Your experience, I am quite sure, will bear me out in this statement.

In the method which has stood me in the best stead, no attempt is made to support the perineum by pressure, but simply endeavor to favor extensions of the head and

prevent it from being suddenly extruded during the acme of pain. For this purpose, when the vertex begins to distend the vulva, it should be seized between the thumb and three fingers of one hand, and forcible pressure made against it during each pain. At the same time the pressure should be directed in such a manner as to bring the occiput, and later the nape of the neck, directly in contact with the inferior margin of the symphysis, and thus increase extension. Accordingly, as soon as the head appears at the vulva the obstetrician should be ready to restrain its progress. He should hold his gloved hand in such a manner as to bring it immediately into action, for in many instances the resistance of the vulva is unexpectedly overcome, and a single pain may be sufficient to push the head suddenly through it with a resulting perineal tear. After the head is so far born that the vulva is distended by the parietal bones, it may be advisable to attempt to express it by a Ritgen's method between the intervals of pain. For this purpose, the patient having been instructed to open her mouth and not attempt to bear down, the anesthesia is deepened. At the same time two fingers are applied just behind the anus, and forward and upward pressure is made upon the brow through the perineum. (Williams.)

The use of forceps, under full chloroform or ether narcosis, judiciously and skillfully applied, will frequently save the perineum from an inevitable rupture, and greater familiarity with these instruments leads to their more frequent use, but time and space forbid further consideration of this important point, except to say the strictest asepsis should be observed.

As previously stated, the perineum of some women will not escape injury; indeed, rupture will take place, it matters not what the obstetrician does to prevent it, and he should be enough of a gynecologist to be able to correctly estimate the remote effects and dire results of a perineal tear escaping his notice at time of delivery. We know too well the train of symptoms following such an oversight and the matter of restoring an injured perineum to its proper functions is comparatively easy if it is repaired at once, but it is not all of us by any means that can successfully repair and restore the functions of an injured or ruptured perineum of long standing, and in closing I wish to emphasize

the decided responsibility resting upon us in handling successfully this important part of our clientele, and when a rupture does occur we must be able to recognize it and repair it then and there.

#### DISCUSSION.

Dr. T. J. Stout (Brinkley)—This is a very interesting and important subject; his mode of preventing laceration is very valuable. There are many things that should be looked after for the protection of the perineum; the most important is the production of relaxation.

We should see that the room is not too cold; avoid hastening labor before there is sufficient dilatation. The use of steaming hot towels wrung out of antiseptic solution applied to the perineum and hot water bags to the abdomen serve to relax and dilate the cervix and perineum, as well as to lessen the severity of the pain, which is very sharp.

When the head "bulges" the perineum should be strongly resisted with the palm of the hand, preventing its descent for a number of successive times, giving the muscles time to become paralyzed and less resistant. When the head is at the point of delivery the patient should be instructed to take full and deep respiration continuously until further direction; by so doing she releases the accessory power of expulsion (i. e., the abdominal muscles), and at an opportune time the head should be delivered in the absence of pain, by pushing the soft parts around the head with the thumb and index finger of one hand, the palm of the other strongly supporting the perineum. The use of chloroform is valuable in this stage.

Dr. Pickens—I do not know whether I understood the gentleman correctly or not, but I understood him to say in some cases you can prevent lacerations by the proper use of forceps. I do not believe the use of the forceps ever prevented any lacerations. I believe that, while forceps are very necessary, when we cannot get along without them, there is much trouble produced by the use of forceps in many cases.

Dr. Bean (Marvell)—The title of the paper is "The Care of the Perineum During and After Labor." In the country we have to do the best we can, and I think that the greatest protection to the perineum in these cases is a little more time and less forceps. If you will during the last pains, along there, bring with your index finger a little pressure on the perineum, it has a tendency to stretch it, to extend and expand it, and with a few whiffs of chloroform will be a great protection. I think if we all would give more time to these cases and not get in such a big hurry and leave our forceps in the bag longer, we would give it greater protection.

Dr. C. R. Shinault (Little Rock)—It has been my observation that papers read on this particular subject started the whole house to talking. The forceps in bygone days was considered next to a deadly instrument in the hands of an obstetrician, because then he did not have the facilities; he did not know as much about handling the forceps; he did not have the safeguards in the way of asepsis or an experienced anesthetist. I have been down the line on both sides, and I certainly would not stand up in defense of the forceps where two lives are at stake. If I thought otherwise. As I say, I have used the forceps and I have let nature take its course. After so long a time I have resorted to forceps. I have observed both ways, and I say to you, if properly

handled, i. e., with proper aseptic precautions and a thoroughly anesthetized patient, the forceps may be used with less danger than to wait on nature for six hours, as is oftentimes the case. I lay stress on the latter, because oftentimes they do not anesthetize as they should. They will get the patient partially asleep, and everybody more or less confused. Double duty falls on the obstetrician; he makes traction with the forceps too soon and out of time, resulting in lacerations. Such blunders should not be laid at the door of the forceps.

I have seen in one instance, which I recall vividly, where I applied the forceps rather early and delivered first child without the slightest lacerations. Mother was thirty-five years old. Right across the street the following week I allowed nature to take its course. Patient went through the average time of about eight hours; a large woman, large hips, twenty-one years old, she had almost a complete tear—in fact, about as bad as I ever saw, not to include the sphincter muscle. I would not let these two cases, however, settle my convictions, but my observations and experience along these lines prior to the above and since then have convinced me that if you use the instrument properly you will not have as many lacerations as you will if you permit it to go the other way overtime. Why should you? The forceps fits closely around the head. If anything, it is smaller than the normal head. It elongates the head, and thereby reduces the dimensions, and from that standpoint, as I say, if properly manipulated, not too hasty nor out of time, but in keeping with the slight wave of pains, why should it be more apt to tear?

When I hear the forceps condemned I cannot keep from rising up in its defense. At the same time I wish to insist on the forceps not being used out of place or out of time. But don't hang your clothes on a hickory limb and not go near the water.

The doctor from Rogers, however, makes the assertion that there are more lacerations following the use of forceps. The doctor also referred to the fact that the more you use the forceps the better you can use them. You will find he is eminently correct in his latter assertion, and your lacerations will be fewer.

Regarding the laceration following the forceps delivery, and to offset this prejudicial idea, I want to call your attention to one fact and see whether the majority of you think as I do. I have witnessed the advent of the new born in natural deliveries, and it has been my observation that it is not when the head passes out that the most tears follow, but when the shoulders come out. The old teaching was that the head tore in most cases. Those were days when false modesty and not asepsis predominated, hence they saw less and felt more. Now, if this be true, then certainly we must find in favor of the forceps delivery, since we remove the forceps after the head is delivered.

Dr. Olive Wilson (Paragould)—I am glad the doctor spoke about the country doctor, because we probably get the brunt of all the infected cases. The majority of country doctors seem to think because they are far from the city they cannot prevent infections. This is not true. The country doctor can, and should be, as clean as his city brother. His obstetrical satchel should contain brushes for scrubbing the hands, green soap, bichloride tablets, rubber gloves, sterile gauze, sterile umbilical tape and aseptic water-proof sheet. If we consider these cases from a surgical standpoint, and I do, they should be cared for just as though

you intended to do an abdominal section—clean hands, clean patient, clean bed and clean vessels. I am sorry to hear a country doctor deery the forceps. If he does not know when to use them he should take a back seat and let the doctor come to the front who knows when they are indicated and is not afraid to use them. To delay means damage to the soft parts that may make a lifelong invalid of the mother, or a "meal ticket" to the gynecologist. I find, as Dr. Shinault has said, that the shoulders are responsible for the tears, and not the forceps. If I find I have a deep tear I call in another physician, if I do not have a trained nurse, give an anesthetic and repair the parts at once; for slight tears where only a stitch or two are needed to prevent entrance of infection, one may proceed without an anesthetic. After repairing the perineum, the after care is most important. The stitches should be inspected daily, and at the first sign of pus a formaldehyde pack should be placed over them.

Dr. Carroll—It seems that all of our essayists in writing papers upon this subject, while this paper is a good one, dwell upon the point that some doctors say they never have tears. It seems to me it is getting about time to leave this point out of our modern papers, because we all know that any physician who does obstetrical work will have tears. I would like to relate one case in this regard. One woman I waited upon two different times. She had been delivered before, and she tore each time. At one time she had a very quiet, normal labor. I had her under full control, giving her chloroform, with the intention of trying to prevent a tear. At the last I had her under full anesthesia, as well under control as was possible to do so, but I think the tear came from the fact that the woman had such a large bony pelvis that the head did not mould a bit in coming down, and when it reached the soft parts it was absolutely impossible to prevent a tear.

To prevent them there are three things, at least, I think ought always be brought into practice, if the physician gets there in time. Pressure down on the perineum with the finger, as has been brought out here, doing it in a way so as not to disturb the patient any more than is necessary to bring about as much dilatation of the vulva as possible. Then use something to quiet your patient, such as chloroform, and then restrain the head as much as possible, pushing it up toward the pubes. I prefer to deliver them on the side, as it gives me better control of the head, holding the back with the left hand and pushing up with the right.

In regard to the forceps, I am sure that I saw a case once where the perineum would have been saved if they had been used. The head in coming through the bony pelvis had been moulded properly, but was allowed to rest too long down at the perineum to deliver, and it again expanded. I am sure if the forceps had been used there an ugly laceration would have been saved.

In regard to the shoulder, my experience has been that more lacerations occur from the shoulder than do from the head.

In repairing the tear, I believe that would depend on the condition of the patient. If you have a long labor and the tissues are cyanosed and bruised considerably, I believe you had better let the thing alone for the present, or, if you had a forceps delivery in which you may have some liability of infection, you had better let it alone, and after five or six days, if your patient does well and gets along well, then freshen up your wound with dry sterile gauze and make your re-

pair. In all my work in this line I have had excellent results. Your swelling has gone away and you can come to your parts better.

I had the same experience as Dr. Wilson. I have used the twenty-day chromicized catgut and have known it to be absorbed in four of five days. Why, I do not know. In the last cases I have repaired I have used silk, and I don't think I will use anything else hereafter.

Dr. E. E. Barlow (Dermott)—I would like to ask the doctor why he omitted the cervical tears in discussing pelvic injuries.

Dr. Cox—That wasn't my subject.

Dr. Barlow—Last year I read a paper at Fort Smith on the subject of immediate repair of both the perineum and cervix. I want to state at this meeting that I am still repairing cervical tears immediately, and I have not any cause to change. I think that is just as important, if not more important, from a pathological standpoint, that come up year by year, as the perineum.

Dr. E. N. Davis (Little Rock)—The paper has been thoroughly discussed and enjoyed. Yet one important factor has not been brought out. That is the posture in which we should place the woman. First, in applying the forceps, place her in the Walcher position where you engage the head, and the other is in the exaggerated lithotomy position, at the expulsion of the head, placing the thighs upon the abdomen and enlarging the outlet. In such a case, in many instances these lacerations are prevented in placing the patient in the exaggerated lithotomy position and using your hot bichloride towels. I would emphasize the bichloride because of the aseptic conditions that you want to maintain.

Regarding chloroform, I never use chloroform in a normal case until the head is on the floor of the perineum, and then not to a surgical degree, but only to an obstetrical degree. If you use it to a surgical degree the mother has no control over herself and does not know what she is doing, while if it is to an obstetrical degree you have perfect control over the woman, you can control her in many ways that will help her, inasmuch as during those last pains you can have her breathe through her mouth; that will relieve her of those great straining pains she has in the last stages of labor.

Regarding the repair of the perineum, silk worm gut is the suture that I use, and I would advocate it in every case. Catgut suture will absorb too soon. Silk worm gut for the deep sutures is the one to use. Of course, catgut for the smaller tears, for the superficial wounds, is all right. It does not make so much difference, but the deep sutures should be of silk worm gut, which do not carry infection, and they hold as long as you want them to.

Dr. Land—Regarding the care of the perineum during and after labor, I think that the use of chloroform will do more to relax the perineum and prevent tears than most anything we can do. Then, in the manipulation by the hands, in relieving the tensely drawn condition, has a great deal to do with it.

As to the forceps, I do not need any forceps until it does get down to pressing on the floor of the pelvis or perineum, and in quite a good many cases I think that the use of forceps does prevent, if properly used, lacerations of the perineum. If they are not properly used, of course, it might be otherwise. But there is an indication for the use of forceps, both as to the preservation of the perineum and for the life of the child.

As for the application of heat—heat administered to the perineum just at that stage when we need to protect the perineum is all right, but we don't need it until it begins to get considerably on a stretch, and I have always used the hot towels at that stage.

I have always observed that the shoulders produce more lacerations than the head.

As far as repairing is concerned, I think it should be done at once, and the silk worm gut is good enough for me, as it is lasting. I have never found the catgut to last quite as long as we want it to. Keep the parts thoroughly cleansed and aseptic.

Dr. Cox (Essayist)—I appreciate very much the discussion, and I wish to thank all who have discussed my paper. They have gone over the ground so thoroughly there is no use to say anything further.

I made the statement that the greater familiarity with the use of forceps led to their more frequent use. There is no truer statement than this.

Some have dwelt on the forceps making tears. I just wish to say with the perineum long on the stretch, the tissues will be paralyzed, and by the use of forceps you save the tears resulting from paralysis of the tissues, and that is where the forceps come in—to minimize perineal injury as well as lessen pain by terminating labor.

As to waiting six days to make repairs, I did not bring that out, and fail to comprehend why one should wait at all. Sepsis is likely to occur in a case of laceration. Certainly leaving the denuded surfaces exposed encourages sepsis, while by bringing the parts together, approximating them and repairing at once, you lessen the chances of sepsis.

## JUSTIFICATION OF ANIMAL EXPERIMENTATION.\*

By S. B. Hinkle,

Sophomore Class, 1913, University of Arkansas, Medical Department.

Up until recent years the tirades against animal experimentation, which have occurred from time to time, were not considered of sufficient importance to require any refutation of the statements made by the anti-vivisectionists; within the last few years, however, opponents of animal experimentation have made such strong appeals to the feeling and prejudices of the people that it has become necessary for experimenters to seriously consider and answer their statements, in order to protect themselves against prohibitory laws.

Anti-vivisection societies have been formed, and many lengthy articles have been written by educated men and women and published

by our best and most popular magazines, and it seemed for a while that adverse popular opinion might control the situation at a time when animal experimentation was to scientific men most important.

The subject of anti-vivisection dates from the early Greeks, and probably reached its acme with the beginning of the renaissance. During this interval not only were animal experiments prohibited, but dissection of the cadaver as well. And it is not at all surprising that the science of medicine made no progress, but retrograded rather than advanced. But with the beginning of this period of enlightenment science obtained a new lease of life, and now, after a lapse of seven centuries, we can see the masses of data which have been accumulated and the knowledge we have obtained of the structure and economy of the human body, as well as the etiology, prevention and cure of diseases.

The objection to vivisection of the ancients was mostly of a religious character. Some contending that all animals were sacred and were to be worshipped rather than abused. Others believed in the transmigration of souls, and feared that in practicing vivisection they might be inflicting pain upon their relatives and friends, and some probably feared that if the practice prevailed they might themselves be experimented upon when they should inhabit the body of some lower animal.

It is our intention this evening to place before you data, both pro and con, in regard to animal experimentation. We shall try to be fair and broad-minded enough to admit that there are two sides to the question, and that the anti-vivisectionists have as much right to their opinions as we have to ours. We shall not attempt to be cynical or sarcastic regarding their views, but shall attempt to refute their assertions with data of a specific nature, and also to show that the majority of anti-vivisectionists are no more fitted because of their training to criticize animal experimentation than those of us who have no training in art or music would be to criticize a Van Dyke painting or a piece of music composed by Wagner. We shall also attempt to show the grounds which the anti-vivisectionists have taken, and, though their statements be due mostly to sentiment, yet there is no doubt that some of their objections are well founded and some of their criticism just.

\*Read in a joint class meeting of the students of the Medical Department of the University of Arkansas, session of 1912-13.

I wish, however, to make it plainly understood in the beginning that this paper will deal with animal experimentation as done by scientific men and students, having in mind only the common welfare and with due regard for the care and comfort of the animal experimented upon, using anesthetics and antiseptics in all cases where their use would not defeat the object of the experiment; and that no effort will be made to justify vivisection for the purpose of gratifying an idle curiosity or that which is ignorantly or carelessly done.

The objections of the present-day antivivisectionist, as well as the conditions and surroundings which seem to cause them to be such, may be summarized by giving you statements of some of their most prominent men and women leaders, and by reading you a copy of their code.

Ella Wheeler Wilcox, one of the women champions of anti-vivisection, who is a writer of sentimental fiction of considerable note, says: "Were the whole thinking population of the world to know in detail what goes on behind the closed doors of laboratories where vivisection is practiced, I doubt not it would rise up as an avenging army, batter down the opposing obstacles and bid the hands of science stay until some more humane method is discovered to benefit the human race."

Charles Dickens, a writer who is universally known and praised, makes this statement: "No one will go so far as to say that the slow suffocation of cats and dogs, the cutting of their throats, the piercing of the ventricles of their hearts, are not acts of cruelty. The necessity for these experiments I dispute. Man has no right to gratify an idle and purposeless curiosity by the practice of cruelty."

These statements, as well as many others of a like nature, have had a wonderful influence upon the minds of the laity, coming as they do from men and women of such prominence. But these people are students of literature, rather than science, and it is our opinion that their statements should be allowed little weight in the court of public opinion before which we are being accused and tried; and, furthermore, we believe if they would stop to consider that while a continuous series of calves must be kept inoculated with cowpox to furnish the vaccine lymph with which scientific men have almost succeeded in wiping smallpox off the face of

the earth, thereby saving thousands of men, women and children suffering, disfigurement and death, they might defend, rather than condemn, the practice.

But we have medical men of more or less prominence who oppose vivisection, and who are quoted extensively by antivivisectionists. However, after carefully looking over the list we find that a good number of these men lived and worked, and a good many even died before the days of anesthesia.

One of the most renowned of these men was Sir Charles Bell, the great neurologist, who lived and worked in the early part of the nineteenth century and died seventy years ago.

Another of the important medical men quoted is the famous surgeon, Henry Bigelow, who was educated in medicine seventy years ago, and the address in which he opposed vivisection was delivered in 1871, over forty years ago. In later years he made the following statement: "The confounding of painful vivisection and an experiment which does not cause pain, either because the animal is under ether, or because the experiment itself is painless, has caused great damage to the cause of humanity." Still we see him frequently quoted as being opposed to animal experimentation.

There is another class of medical men who seem to enjoy being in the minority, and we are not surprised to see their names in the roll of anti-vivisectionists. Very prominent in this class was Dr. Lawson Tait, who contended that Koch, Lister and Pasteur not only hindered true progress, but covered the profession with ridicule, and who asserted that he would use disease germs as surgical dressings if he could get enough of them together.

A third class of medical men who oppose vivisection are those who divide their time and thoughts between medicine and literature, and it seems that the greater part of medical opposition comes from this source.

Among those most prominent we find the names of Dr. Arabella Kenally, novelist and contributor to magazines; Dr. W. Gordon Stables, author of 136 books and stories; Dr. Edward Berdoe, author of "Browning Studies," etc.; Dr. Stephen Townsend, surgeon, novelist and actor, and Dr. J. D. Buck, author.

There are many other medical men who oppose vivisection, but they can practically

all be classified under one or the other of the heads mentioned, and I have tried only to mention the most important and the ones most frequently quoted.

One of the great cries raised against vivisection has been the secrecy maintained in the laboratories, and the secrecy regarding the results attained, using the much overworked phrase, "They love the dark because their deeds are evil." While it is rare, it is certainly true that animal experiments have in a few cases been carried on secretly, and for very good reasons. The experimenter is sometimes desirous of having the honor of being the man who succeeds in his experiment and his work. Again, when the experiment is very delicate and important, it would be impossible for him to concentrate his thoughts if he had numerous visitors going in and out of his laboratory, asking questions which would prove a source of great annoyance, on account of their ignorance of the subject.

To come more materially to the point, we will read you a copy of the code of the anti-vivisection society, which resolves itself into an indictment of five counts, as follows:

"1. We hold that vivisection has not justified itself as a means of scientific investigation, and defy the medical profession to show that a single scientific fact of benefit to the human race depends upon vivisection.

"2. That the practice of vivisection breeds callousness in the men who practice it, and, if allowed to continue unrestricted, they would become insistent in their demands for human subjects.

"3. That animal experimentation is often conducted in such a way as not to safeguard the living animals from unnecessary pain, and that conditions surrounding often permit of needless suffering, both during and after the operation.

"4. That vivisection is carried on for the purpose of gratifying the operator's curiosity.

"5. That animal experimentation is uncontrolled by law."

The first charge in this indictment we hold to be preposterous. The advance in science due to animal experimentation is indeed wonderful, and covers a wider field than one might at first suppose.

The biologist depends almost entirely upon experiments upon living organisms, animal and vegetable, for a knowledge of his science.

Instead of being a science, physiology would, in the absence of animal experimentation, have been a jumble of supposition and guess work. For thousands of years scientific men knew nothing of arterial circulation, and their knowledge of the functions of the blood was so vague and uncertain that it amounted to little more than an erroneous supposition, until Galen, by exposing the artery of a living animal, found that it contained blood and not air. While Galen's ideas were crude and to a great extent erroneous, he certainly laid a good foundation for its study; but, unfortunately, when Galen died, animal experimentation was prohibited, and it was not until the middle of the sixteenth century that the circulation was fully demonstrated by two of the world's most important vivisectionists, Harvey and Malpighi.

For me to read to you a paper on secretions would at this time be out of place, and would in all probability prove tiresome, for you already know the physiological importance of the subject. Still, I desire to remind you that secretions of the salivary glands, stomach, liver, pancreas and intestines could never have been understood without the aid of animal experimentation. Few, indeed, have been the opportunities of obtaining the secretions of these organs, and fewer still the opportunities of seeing their action upon the food in the living human body.

With the knowledge of the physiology of these organs our scientific men have been able to establish rules for their care, the prevention and treatment of diseases to which they are subject, and even in cases of malignant disease to remove, with comparative safety, organs which the old-school surgeon would not have dared to touch. A knowledge of the so-called ductless glands has been obtained by experiments made upon the bodies of living lower animals. On account of this knowledge medical men have learned to treat certain diseases, caused by their absence or impairment, which were formerly considered incurable.

The action of practically all of the poisonous drugs in use today have been demonstrated first upon living lower animals, and no anti-vivisectionist will dispute that these experiments have led to some wonderful results in the treatment of disease with drugs. For instance, chloral hydrate as an anti-

spasmodic, aconite and viratrum as heart sedatives, digitalis as a heart stimulant, and hundreds of others. Our knowledge of toxins and anti-toxins were not only obtained by animal experimentation, but if we are to make use of this knowledge we must practice vivisection almost every day. To give you an idea of their importance, I have only to remind you that in cases of diphtheria, when the anti-toxin derived from animals is used, the mortality from that disease has been reduced from seventy per cent to less than ten per cent. Tetanus, which was formerly frequent and fatal, is now rare except in wounds, which are considered of minor importance and receive no treatment.

Prior to 1907 epidemic cerebro-spinal meningitis was one of the most dreaded diseases. The mortality was exceedingly high, and of those who recovered a high percentage were permanently disabled, either in mind or body, or both. Scientific men were concerned the world over. The organism which caused the disease was isolated and pure cultures were obtained. Then began the experiments upon living animals. Many kinds were used, but only the monkey was found to be susceptible to the disease, and consequently he was the only animal that materially suffered. Then came the task of finding the anti-serum which would combat the disease and save the sufferer. This anti-serum was placed in the hands of the medical profession by Drs. Flexnor and Joblin, in April, 1907. It began at once to work wonders, and the mortality has been reduced from about ninety per cent to less than twenty-five per cent, with a corresponding decrease in the evil after effects. It cost the suffering and death of a good many monkeys, but it has been the saving of thousands of human lives and its use is still comparatively new. Will any anti-vivisectionist say that it was not worth the price?

The saving of human life and the lessening of human suffering which has been the result of modern surgery is difficult to appreciate. And vivisection has undoubtedly been responsible for a great part of the advancement made in this important branch of medicine. While vivisection is probably not responsible for the discovery of either anesthesia or antiseptics, it has been an important factor in their development and demonstration. Lister, the man who first demonstrated carbolic acid as a surgical dressing and animal membrane treated with carbolic acid as

internal ligatures, tried out very thoroughly his ideas upon the lower animals before using them upon the human body. In the present day of hazardous occupation and rapid travel these ligatures and antiseptic dressings, as well as anesthesia, are of daily importance. Puerperal fever, which killed from fifty to seventy-five per cent of the women who gave birth to their children in the maternity wards of public hospitals, is now practically unknown where antiseptics are used from the beginning. How many of the anti-vivisectionists would be willing for medical men to forget what they know of antiseptics?

We are taught that our work should be to a great extent the prevention rather than the cure of disease. If this be true, then is animal experimentation of still greater importance?

By animal experimentation we have learned that plague is carried and transmitted to us by the infected rat and squirrel. Yellow fever and malaria by certain mosquitoes, and typhoid by the house fly. Therefore our success in preventing these diseases will depend upon our ability to rid our communities of these animals and insects. The nature of tuberculosis was understood by means of experiments performed upon the bodies of living rabbits, and everything we know today of the prevention and control of this disease is due to animal experimentation. And this knowledge is the foundation for the work which is being done and the good results accomplished by societies the world over. In order to detect tuberculosis in its early stages, guinea pigs and rabbits are used daily, but we believe that the great good done by preventing the spread of the disease will easily overcome the cost. By means of animal experimentation scientific men have learned to control epidemics of yellow fever, stop its spread and prevent its recurrence. And we confidently hope that in a short time all contagious and infectious diseases may be as thoroughly understood and as certainly controlled. We will not say that this understanding cannot be reached without the aid of vivisection, but we believe it is the quickest and safest route, and therefore the righteous one.

So far we have considered the subject only from a human standpoint and nothing has been said of the benefits derived by the animals themselves. But this, too, is important, and when we stop to consider

the enormous saving of animal life as a result of the prevention of such diseases as glanders, anthrax, tuberculosis, Texas fever, cholera and swine plague, we can easily see that the value of the animals saved by many times overcomes the cost of the animals killed by vivisection. The discussion of this phase of the subject would itself require a paper of considerable length, and I will not attempt it.

The second charge, that it breeds callousness, we simply deny, and contend that the practice of vivisection no more breeds callousness than does the dissection of the cadaver. Our work is not that of a butcher; it is not simply our aim to produce sickness, pain, or death in the animal, but to obtain knowledge by which we may prevent pain and disease in humans and to intelligently treat them when they appear.

As a rule, the successful surgeon is the gentlest of men. Yet we see him coolly operating on humans every day.

The third and fourth charges, we neither deny nor defend. So far as we know, the conditions do not exist, but if in any place vivisection is carelessly or ignorantly done, or is done solely for the purpose of gratifying an idle and purposeless curiosity, then the criticism is just.

As to the fifth charge, it is true that in most countries vivisection is uncontrolled by law, and we would have it so, for in those countries where vivisection is hampered by legal interference, as for example, England, we see scientific progress slow and uncertain.

There are numerous other arguments that could be offered in justification of animal experimentation, but this paper is already long and tedious enough and I shall not attempt to mention any more. And in view of the facts mentioned, the objections to vivisection seems explainable only on the grounds of ignorance of the importance of the practice, or from sentimentalism, and not so much from a humane consideration. It is our opinion that if any member of the anti-vivisection society could see his child facing death from diphtheria or cerebrospinal meningitis, and could see that child brought back to life and health again by the use of anti-toxins, he would be willing to say that the saving of the child, if it could be compared at all, would be sufficient to furnish vivisectionists with monkeys,

guinea pigs, rats, rabbits and stray cats and dogs for a million years.

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## THE IMPORTANCE OF ORAL HYGIENE TO THE PHYSICIAN.

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By Elbert Stewart, D. D. S.,  
Little Rock.

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The dentist thinks that the physician generally overlooks the importance of the sanitary condition of the teeth and mouth in his systematic treatment. Nor is this view to be attributed to the dentist's own narrow-mindedness, many physicians holding the same opinion. Dr. P. G. White of Boston states that the great sanitary reform of the world is not the abolition of the open village closet, but it lies in the herculean task of revolutionizing the unsanitary condition of the human mouth.

The dentist, until recently, was considered merely a mechanic who filled teeth, extracted them, and made artificial ones; but when the importance is admitted of filling all cavities of decay, of replacing every missing tooth, of cleansing every surface of the natural teeth, and of regulating every tooth so that the occlusion is good, and of teaching patients how to maintain oral hygiene, the true value of the dentist as an aid to the physician is appreciated.

The surgeon considering the welfare of the patient and making a thorough examination of every part of the body frequently finds the mouth in a filthy condition. The general lack of knowledge concerning the care of the mouth is greatly due to the failure of the dentist to properly instruct patients along this line. This neglect is being eliminated now and replaced with an energetic effort to impress upon all patients the most essential principles of mouth hygiene.

Physicians should require the proper attention to the mouth during illness, and surgeons demand that the mouth of patients to be operated upon be placed in a sanitary condition. In patients having abscessed teeth, or pyorrhea pockets, discharging pus, the infection is likely to be carried into the gastro-intestinal tract, causing irritation, fermentation and the evolution of gas, bowel distension, etc. Attention should be given

to the mouth of the infant, whose digestive apparatus is so susceptible to infection.

Dr. White says: "It is a fact that dental treatment early in life prevents more disease later than any other measure taken by governments, not even vaccination."

Dr. S. E. Tracy says: "A patient whose mouth is in a filthy condition will absorb a certain amount of toxins which will lessen the resistance of the tissues, change the chemical composition of the blood, and will predispose the subject to many diseases. If a patient in such a condition be given an anesthetic, after the operation the emunctories will be called upon to eliminate not only the anesthetic, but also the toxins which have accumulated in the body. At this time the kidneys are the chief organs of elimination, and if the amount of toxins passing through the kidneys be sufficient to cause an acute nephritis the patient may succumb to renal insufficiency."

In the preoperative examination, care should be taken to see that the mouths of patients are in a sanitary condition. The patient's mouth should be scrubbed with the brush thoroughly, using hydrogen dioxide three or four times a day, and the patient told to use an alkaline wash several times during the day. After operations, when the patient is suffering from the anesthetic and thirst, it is a great relief to swab out the mouth with a piece of gauze with a pleasant cold antiseptic solution, thus keeping the mouth clean and sweet throughout the period of convalescence.

Dr. Tracy says: "May we not hope for the time when the dentist will have the physician educated to realize the benefits to be derived from thorough dentistry and from the disinfection of the mouth. When that time arrives the physician will examine the mouth of every patient and, when necessary, refer the patient to his colleague, the dentist, to correct defects and disinfect the mouth in order to eliminate the oral cavity as an etiological factor in the production of disease. Then, when the patient is referred to the surgeon, he will operate with more assurance and will not worry about complications that may arise as a result of infection from the mouth, and the patient will have a speedy and agreeable convalescence."

**International Clinics.**—A quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene, and other topics of interest to students and practitioners by leading members of the medical profession throughout the world. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, with the collaboration of John A. Witherspoon, M. D., Nashville; William Osler, M. D., Oxford; A. McPhedran, Toronto; Frank Billings, Chicago; Charles H. Mayo, Rochester; Thomas H. Retch, Boston; John G. Clark, M. D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh; John Harold, London, and Richard Kretz, M. D., Vienna. With regular correspondents in Montreal, London, Paris, Berlin, Vienna, Leipsic, Brussels and Carlsbad. Volume III, twenty-second series, 1912. Philadelphia, J. B. Lippincott Co. Price, \$2.00.

**The Surgical Clinics of John B. Murphy, M. D., at the Mercy Hospital, Chicago.**—Published bi-monthly by W. B. Saunders Company, Philadelphia. Price, yearly, \$8.00.

The last number of Dr. Murphy's "Clinics" (February, 1913, Volume II, No. 5) begins with an address and operation on "Open Treatment of Fractures," by Mr. W. Arbuthnott Lane of London, delivered at Dr. Murphy's clinic November 23, 1912. This volume also contains an address delivered at the Murphy clinic October 21, 1912, by Dr. W. C. Woodward, health officer of the District of Columbia, on "the Medico-legal Relations of Physician and Patient." The remainder of the number contains a variety of operations by Dr. Murphy.

**Hand-book of Diseases of the Rectum.**—By Louis J. Hirschman, M. D., president of the American Proctologic Society, lecturer on Rectal Surgery and clinical professor of proctology, Detroit College of Medicine. Revised and rewritten, second edition, 321 pages. Royal octavo, 172 illustrations, including four colored plates. Price, \$4.00.

This edition has been entirely rewritten, forty new illustrations, including two colored plates, have been added, and the entire book has been reset. It has been written with the hope that it will arouse the profession to the possibilities of this line of work and not allow the charlatan and the advertising quack to take from them work which can be done by the legitimate practitioners of medicine. To that end special attention has been paid to office work in rectal diseases and the part that local anesthesia plays in this class of work.

# THE JOURNAL

OF THE

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### STATEMENT MADE UNDER NEW POSTAL LAW IN COMPLIANCE WITH THE ACT OF CONGRESS, AUGUST 24, 1912.

Statement of the ownership, management, circulation, etc., of the Journal of the Arkansas Medical Society, published monthly at Little Rock, Ark., required by the act of August 24, 1912:

Owned and published by the Arkansas Medical Society.

Printed by the Central Printing Company, Little Rock.

Known bondholders, mortgagees and other security holders holding 1 per cent or more of total amount of bonds, mortgages, or other securities: None.

William R. Bathurst, M. D.,  
Editor.

Sworn to and subscribed before me this 15th day of March, 1913.

(Seal) Chas. Jacobson,  
Notary Public of Pulaski County, Ark.

## OUR NEW STATE BOARD OF HEALTH.

Arkansas has been redeemed from its unenviable position among her sister states, being the only one without a Board of Health with authority and means to fulfill its mission.

The legislature which has just adjourned passed a bill creating a State Board of Health, and at the eleventh hour agreed to an appropriation of \$17,940.00. Not as large as hoped for, not as large as is really needed to make the work of the board thoroughly effective; but half a loaf is certainly much to be preferred to no bread.

For the accomplishment of this end a vast amount of credit is due Dr. Morgan Smith. He drafted the original bill; he put his time, his energy and ability into the work necessary to secure its consideration and final passage. There were objections, some very puerile and weak, to be overcome. Our legislators, or at least many of them, in a praiseworthy effort to conserve the public funds, are apt to underestimate the necessity for a State Health Department. Not alone physicians, but settlement workers, sanitarians, sociologists, philanthropists, criminologists, all recognize the fact that the health of the public is of the very first importance, and that in cutting appropriations the last one to be pruned should be the appropriation in behalf of the public health.

The Legislative Committee of the Arkansas Medical Society, consisting of Drs. G. A. Hebert, C. P. Meriwether, Morgan Smith, R. C. Dorr, S. A. Southall, J. H. Weaver, L. H. Barry and John McBee, are to be commended for their excellent work in behalf of the bill. It was a thankless task, involving much work, worry and time, with no recompense whatever, except such as comes to one with the knowledge of duty done and the satisfaction of having accomplished something for the welfare of his fellow-men.

Under the provisions of the bill, the governor appoints a member of the board from every congressional district in the State, and in accordance with the requirement Governor Robinson, a short time before his retirement from the executive chair, announced his appointments, as follows:

First district, Dr. B. A. Fletcher, Augusta; Second district, Dr. T. J. Stout, Brinkley; Third district, Dr. F. B. Young, Springdale; Fourth district, Dr. W. P. Parks, Mena;

Fifth district, Dr. Morgan Smith, Little Rock; Sixth district, Dr. S. D. Hughes, Wilmar; Seventh district, Dr. L. A. Buckner, Dermott.

The board, as thus constituted, held a meeting March 20, and elected Dr. F. B. Young as president and Dr. Morgan Smith secretary and executive officer.

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### OUR NEXT ANNUAL MEETING.

Once again we call attention to the annual meeting of the Arkansas Medical Society, which will be held in Little Rock, May 20 to 23, inclusive. It is going to be a big meeting, big not only in attendance, but in importance and interest. The Scientific Committee is busy on a program which the physicians throughout the state cannot afford to miss. Papers will be read and discussed which will be of interest to every physician, and nothing is more enlightening and broadening than such discussions. They stimulate thought and study, and no physician can attend the sessions of a medical society meeting without receiving benefit or benefitting others by an interchange of opinion and experience.

It is gratifying to note that the physicians of Little Rock are making strenuous efforts to make the meeting a success. They are interested in it and are making their interest felt. The Arrangement and Entertainment committees are busy at work, and a good time is assured all who attend. Visiting physicians are especially and cordially invited to bring their wives and daughters with them—indeed, the whole family. Do not be afraid the ladies will be in the way or that their pleasure will be neglected. On the contrary, the various social functions have been planned so as to include the ladies.

Doctor, make your arrangements to be here on the morning of the first day and stay till final adjournment on May 23, attending every session.

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### UNDERGRADUATE WORK.

(As taught by Dr. Joseph D. Aronson, Medical Department U. of A. Laboratories.)

The students of the medical department, University of Arkansas, owe a debt of gratitude to Dr. Joseph D. Aronson, director of laboratories, for his great work as a teacher in his original research studies. His lec-

tures and demonstrations are for undergraduates of the first and second year, but what is learned then is so impressively and convincingly taught that it remains through life. In the language of Dr. Aronson, "students are taught to analyze morbid processes and to apply principles of law for the elucidation of the condition, instead of cramming book knowledge or chapters from the text-books."

The most advanced ideas in modern teaching, beginning with the child in the kindergarten, are based on the theory of demonstration, as against mere book knowledge, which, after all, is not real knowledge, but merely the acceptance of the conclusions of others. Certainly one must accept the results of the works of others, for life is not long enough for individual original research in all lines; but wherever possible research and demonstration should be the course to obtain absolute knowledge and mastery of the subject. To know a given result is one thing, but to be able to follow in detail every process leading to that result is another. It is the difference between real and superficial knowledge.

In teaching pathology, Dr. Aronson begins at the beginning. Thus, in one of the periods in the laboratory, the pathology of typhoid fever is taken up. A gross specimen of intestine, showing hyperplasia and ulceration of the lymphoid follicles, is studied. Next come microscopic sections, with the characteristic changes in the specimens shown to each student. Then follow colored crayon drawings of the specimen, which are shown under high and low power magnification, made in a book kept especially for this purpose. The discussion of the specimen is then in order, and the application of the principles of laws as learned in general pathology.

Then come the questions, such as, why is the intestine the seat of infection; why there is a predilection for the ileum; why are the agminated follicles the seat of the diseased process; why do the lymphoid cells proliferate; why ulceration and sloughing, and what are the results of such processes? Then, the same methods are pursued in studying the processes and effects on spleen, mesentery glands, heart, kidney and liver, and the etiological factors concerned in the production of the degenerated processes are explained.

The first year of the student's course is spent in acquiring the fundamental principles of medicine. In the second year this knowledge is applied in the teaching of pathology. The student receives two lectures a week in the principles of pathology, and in addition one hour in quizzing. The strength of the laboratory work is in the actual participation by the student. He thus learns not only how a thing is done, but how to do it. The academic engineer may know the names and functions of every part of an engine without having that power to assemble them which comes from experience or participation. In the thoroughness of Dr. Aronson's methods, every student learns every laboratory detail by being allowed to perform the work. They stain and mount specimens from post-mortem material or the operating room for microscopical examination, with special stress on the frozen section method for an early diagnosis.

In bacteriology the students are taught how to prepare their glassware and to sterilize media and apparatus, how to prepare bouillon, gelatine and agar-agar culture media on which different organisms are planted, incubated and studied. Later they are taught to examine pathological exudates, such as pus, sputum and cultures from throat for the various organisms which will aid in the diagnosis. They are taught the method of preparing autogenous bacterins and to differentiate and detect organisms of the colon-typhoid group.

This year an innovation has been attempted in having the students prepare papers on different subjects. These are presented before the class and a member of the faculty who acts as censor. Distinguished educators are invited to make addresses from time to time on various subjects. Altogether, the practical thoroughness of Dr. Aronson's methods in the laboratory are not excelled in the largest schools, and the value of his services, his zeal and knowledge are of inestimable value to the students and the faculty.

**Note.**—Elsewhere in this issue is published a paper contributed by one of the students, which was read at one of the meetings referred to above.

### NEED OF A CHARITY HOSPITAL.

In the December issue of the Journal, published about the time the legislature convened, attention was called to the crying need of a state charity hospital. We have eleemosynary institutions for the care of the blind, the deaf-mutes, the victims of tuberculosis and of nervous diseases, but no provision is made for the pauper sick, save such inadequate measures as may be taken by the various counties. Only in the large cities of the state are there county hospitals. In the counties containing no cities of the first or second class, the treatment is largely confined to visits made by the county physician, with no provision, or at least no adequate provision, for isolation of contagious diseases, facilities for operating or other accessories to modern treatment of the sick and afflicted.

And now we are humiliated, as a state, by being told that charity patients from Arkansas will no longer be received at the New Orleans Charity Hospital, which hereafter will be open only to residents of Louisiana or visitors taken sick while in that state. The shame to Arkansas is that she should ever have dumped charity cases on to the good people of New Orleans, Memphis or St. Louis—and they have been sent to each of these cities. It is the easy way. "Here's a sick man. We have no place to take care of him. Let's buy him a ticket to New Orleans and put him in the hospital there."

That is what we have been doing, and really it is inexcusably nervy. Every state has its hands full caring for its own incapacitated ones. It is a sheer impudent imposition on a neighboring state to saw off our sick on it. If Arkansas did her duty and established a charity hospital, she would object to having a large part of the cost of maintenance incurred for the benefit of patients shipped in from Louisiana, Oklahoma, Texas, Missouri, Tennessee and Mississippi. The state would not stand for it, and, as a matter of justice, the state should not permit such imposition on the tax payers of a neighboring state. The golden rule should apply to state administration just as it should to individuals.

As was pointed out editorially in our December issue, the establishment and maintenance of a state charity hospital is no weighty matter entailing any vast expenditure of state funds. An appropriation of, say, \$60,000.00 would suffice for the purchase of site and buildings. Then let every county be assessed a prorated number of patients. Thus, instead of every county caring for its sick at home, without modern facilities for proper treatment, they would pay for their treatment at a modern hospital, equipped with every up-to-date facility and with a competent staff of physicians and surgeons. Such a charity hospital, located at Little Rock as the largest city and the most centrally available city in the state, would have the advantage of having here the medical faculty of the University of Arkansas, which institution would be glad to furnish the best medical and surgical treatment without cost. This plan would be in line with the obligation entered into by the state to furnish the facilities for a first-class medical school, which cannot be carried out without hospital clinics and bedside teaching.

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### Personals and News Items.

Dr. Robert Caldwell of Little Rock visited Hot Springs last month.

Dr. Aris W. Cox of Helena is spending three months in New York City prosecuting some special work in diseases of the eye, ear, nose and throat.

Dr. Joseph B. Wharton of El Dorado spent several days in Little Rock last month visiting his brother, who underwent a surgical operation at St. Luke's Hospital.

Dr. E. D. McKnight of Brinkley and Dr. J. O. Rush of Forrest City have been in Little Rock several times during the past month on business pertaining to the State Highway Association.

Dr. J. P. Runyan of Little Rock, a member of the Speakers' Bureau of the Department of Hygiene and Public Instruction of the American Medical Association, made an address at a public meeting February 21, held in Independence, Kan.

Dr. W. H. Toland of Nashville and Dr. C. C. Reed of Hensley were in Little Rock February 22, attending a ceremonial session

of the Ancient and Arabic Nobles of the Mystic Shrine. Among the novices at this meeting were Drs. Robert Caldwell, T. B. Bradford, A. R. Stover, T. F. Freeman and R. G. Floyd.

Dr. S. J. Hesterly of Prescott spent a day in Little Rock last month.

Dr. W. F. Baskerville of Booneville visited Little Rock this month.

Dr. S. E. Thompson of El Dorado visited Little Rock this month.

Dr. J. G. Eberle of Fort Smith, at a recent election was elected alderman of the First Ward in his city.

Dr. W. C. Dunaway of Little Rock has been appointed by Governor Joe T. Robinson a member of the new Board of Trustees for the State Charitable Institutions.

Dr. C. R. Shinault and family have returned after a visit to New Orleans, Biloxi and Hot Springs.

Dr. W. B. Hughes of Little Rock joined the Pulaski County Medical Society this month.

Dr. H. H. Niehuss of Fort Smith, state manager of the International Life Insurance Company, St. Louis, spent a few days in Little Rock this month.

Dr. Robert Caldwell of Little Rock is making arrangements to visit the eye, ear, nose and throat clinics of Europe this summer.

Arkansas physicians visiting Little Rock this month include Drs. R. T. Gephart and C. H. McKnight, Cotton Plant; J. L. Jones and I. R. Majors, Searcy; C. A. Lumsden, DeWitt; T. J. Stout and F. T. Murphy, Brinkley; C. J. March, Fordyce; E. L. Watson, Newport; B. M. Stevenson, El Dorado; C. D. Stevens, Magnolia; W. W. Rice, Prescott, and C. H. Holt, Fort Smith.

Dr. G. R. Cantrell of Salem, Fulton county, reported an outbreak of spinal meningitis at that place about the time that the appropriation for the maintenance of the State Board of Health was defeated in the General Assembly. On receipt of this information, a motion was made by Representative Davis of Lafayette county that the measure be reconsidered. "The web of our life is of a mingled yarn, good and ill together."

**DR. RUNYAN IS HONORED.**

Little Rock Physician Elected President of Central College Trustees.

Conway, March 4.—Dr. J. P. Runyan of Little Rock was unanimously elected president of the Board of Trustees of Central College last night to succeed Rev. Ben Cox, resigned.—Gazette.

**PIKE COUNTY PHYSICIANS ORGANIZE.**

The physicians of Pike County met February 20 at Delight and organized the Pike County Medical Society. The following officers were elected: Dr. W. J. Slaughter of Delight, president; Dr. W. P. Baker of Roseboro, vice president; Dr. B. Q. McClure of Glenwood, secretary and treasurer.

The trustees of the National University of Arts and Sciences of St. Louis announce that a contract was signed on February 21, 1913, for \$5,000 worth of apparatus for use in the physiology laboratory of the Medical Department (American Medical College) of the University. Dr. Bernard Blass, formerly of New York City, has been elected professor and head of the Department of Physiology, and will assume this position with the opening of the session of 1913-1914.

**FIRE AT THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF ARKANSAS, LITTLE ROCK.**

About 4 o'clock in the morning, on February 4, fire was discovered in the preparation room of the Medical Department of the University of Arkansas. An alarm was promptly turned in, but before the flames could be checked they had eaten their way through the floor into the lower lecture hall, the reception rooms of the Isaac Folsom clinic, the clinical laboratory, the arena and the anatomical laboratory. The loss was fully covered by insurance and the management immediately proceeded to replace the damaged fixtures with an entirely new outfit of surgical instruments, operating tables, sterilizing apparatus, etc., all of the very latest improved pattern. New floors have been laid, new windows put in, and the damaged portion of the premises thoroughly overhauled and renovated and painted anew.

During the period when repairs were being made to the building, lectures and clinics were held regularly at the College of Physicians and Surgeons, 1330 Lincoln avenue. Lectures and clinics were resumed at the old college on March 10.

**SEBASTIAN COUNTY COTTAGE AT BOONEVILLE.**

Dr. C. P. Meriwether, secretary of the Arkansas Tuberculosis Sanatorium Board, announces that Cottage Sebastian at Booneville has been completed, furnished and occupied by patients.

The cottage is the result of a subscription movement started some time ago by Dan Hogan of the Huntington Herald, and with the funds realized the cottage for Sebastian county patients was built and furnished.

**GOVERNOR APPOINTS NURSE EXAMINERS.**

First State Board Created Under Act Sponsored by Representative Webster of Pulaski County.

Acting Governor W. K. Oldham yesterday appointed the following as members of the Board of Nurse Examiners for Arkansas:

Miss Menia S. Tye of Fort Smith, term to expire May 1, 1915.

Miss Belle McKnight of Pine Bluff, term to expire May 1, 1915.

Dr. St. Cloud Cooper of Fort Smith, term to expire May 1, 1915.

Dr. Ida J. Brooks of Little Rock, term to expire May 1, 1917.

Mrs. F. W. Aydelett of Little Rock, term to expire May 1, 1917.

Mrs. H. E. Walker of Searcy, term to expire May 1, 1917.

The bill creating this board was introduced in the house by Representative Webster of Pulaski county.

It provides for the appointment of a board of six members, to be appointed by the governor, four to be trained nurses and two physicians. The board is required to elect a president, secretary and treasurer. All fees for examination, registration and licensing of nurses are to be paid quarterly into the state treasury for the use of the

board. The compensation of the members of the board is \$5.00 per day for each day actually engaged in attending the meetings of the board, the compensation of the secretary being limited to \$300.00 per year. The board is required to meet once in six months for the examination of applicants for licenses as nurses. The examination fee of applicants is \$5.00.—Arkansas Gazette.

### Communications.

#### LETTER FROM DR. CARGILE.

To the Editor:

Now that the legislature has enacted the "Board of Health Bill," and more, all of its members are of our, the regular school, it behooves us to try to see to it that it be enforced properly and impartially. Failing in this, we of our school would have to bear the burden of censure for the failure, and would be discredited in the public mind. Just as political parties are frequently made the victims of official wrongs committed by those holding office by and through allegiance to them, so would the Arkansas Medical Society be made to suffer by reason of errors committed by the State Board and those whom it may choose to execute the law. So delicate are the duties of the secretary and his assistant that they should be chosen with reference to the peculiar fitness for the positions. They should be wise and conservative, not chronic "place-seekers." The board should weigh with much caution the appeals that are apt to be made in behalf of this or that physician on the ground that he has made great sacrifices in promoting the enactment of the law, and who, after all, may have been trying to create for himself another position carrying a good salary.

If the law is unwisely administered, two years hence we shall see men seeking election to the legislature on the issue of repealing it.

Very truly yours,  
Chas. H. Cargile.

Bentonville, Ark.

#### MEDICAL DIRECTORS MEET.

By Dr. H. H. Niehuss,  
Fort Smith.

On February 25, 26 and 27, the Medical Section of the American Life Convention held its annual meeting at Hot Springs, Ark.

This was a very enthusiastic meeting, and was attended by more than forty members of the association. Isaac Miller Hamilton, president of the Federal Life, Chicago, in the course of his paper, asked, "Why should there be one price for examining fraternal applicants or a private patient, and another much higher for an office examination for a legal reserve company?" This question has been one often discussed in the county and state societies. It does not appear that the examinations should be made for less than \$5.00; yet, when the question of efficiency of work is looked into, it will be found that probably 25 per cent of the examiners are efficient, and the other 75 per cent are in reality inefficient, which should necessitate extra efforts on the part of the medical department of the company to ascertain the quality of risk in question.

Dr. W. S. Hendrix of the Southern States Life of Atlanta deals very ably with the subject of education of examiners. He suggests that the company publish a paper devoted exclusively to the progress of the medical department. This, no doubt, would be of great assistance to the examiners, but why not go on further, and at the next meeting of the American Medical Association petition the Executive Committee to establish a section for life insurance examiners? Naturally following this, the different state organizations would take actions which would be most effective. Then at each annual meeting of the State Medical Associations this section would doubtless be visited by a sufficient number of chief medical directors from the different legal reserve companies, and the result would be that the examiners throughout the country would be far better qualified, and insurance companies would naturally receive better service.

Dr. C. R. Dundly of the State Life of St. Louis read a paper on blood pressure. He declares that the use of the sphygmometer in life insurance work has brought prominently to view the conditions of the arterial system, which were formerly either ignored or guessed at, and has thrown a new and more penetrating light upon certain diseased conditions, with the effect of making their recommendations easier. Practically all the companies are now requiring the blood pressure test for applications of \$5,000.00 and over, and for all applicants over forty-five years of age. If it is practicable to apply the blood pressure

test to an applicant for \$5,000.00, it naturally seems as practicable to apply the test for \$1,000.00, and doubtless within a short time it will be required in all examinations.

The association also advocates the teaching of life insurance from a medical standpoint, and also from a standpoint of the business of selling life insurance, in the universities. There are now 131 of the 208 American colleges giving courses on the business of selling life insurance, and doubtless within a short time our other colleges will add this course to their curriculum. It is equally as important for the medical colleges to give a special course on life insurance examinations.

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### WILL BE APPRECIATED SOME DAY.

By C. R. Shinault, M. D.,  
Little Rock.

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Sometimes it is permissible for an individual in our profession, as well as that in other professions, to pause in his altruistic labors for the good of humanity, and bestow upon himself and colaborers a few words of well-deserved appreciation.

At some time in the future, and I might say not far distant, the educated laymen will appreciate the efforts of those who are laboring to get the present Board of Health bill through, provided it becomes a law and is properly handled in its infancy.

Especially should Dr. Morgan Smith be remembered, for the writer can well recall when he was in a similar position while striving to get the first real state medical law through, which constituted the State Board of Medical Examiners, except in our case we could see our doom if our bill did not pass, since several had contributed his dollar to keep us and our co-operators going while in the city working for the passage of the bill. Had it not passed many would have suspected that we jammed that dollar somewhere down on interest and are now really living on it during the day of high cost of living.

If such had been the case we would have been far-sighted indeed, for we really considered ourselves, along about that time, as having a good foresight when we asked the legislature to give us a half loaf, as it was better than no bread, and

that we would show them the importance of the gift to where a whole loaf would be easy coming late—and sure enough it was easy, for in the language of a comment in the Arkansas Medical Journal following the amendment to the bill in after years, which read something like this: "We got the amendment which makes a first-class law out of what was no law, and we got it without the use of money or descending to the point of lobbying." No doubt the writer was true, for this writer and his co-workers, it seems to me, did enough lobbying to last through the perfection of the bill. However, this Board of Health bill is entirely a new bill, and we observe that some so-called lobbying, or, in other words, mixing with the legislators, is necessary to its passage, which is nothing but right, and, in the writer's opinion, not a bit degrading.

While the original and first state law of 1903 was not what we wanted, but what we could get, we are thankful that it helped educate the laymen and legislators up to the convincing point that we had no mercenary object in view. And we hope the manner in which the Board of Examiners has been conducted from its infancy up to now will have its bearing toward helping to get the present Board of Health bill through.

But the main object of this comment is for us to kindly congratulate ourselves over the outcome of the whole thing, taking it for granted that the present Board of Health bill will pass, as we feel like we should reserve that right, since the comment of several years ago, in the Arkansas Medical Journal, as quoted above.

The early foundation of a half loaf law properly preserved demonstrated the fact that it is not so much in what you have as it is in the way you utilize it; for the people are the law, after all. In other words, had we indiscreetly executed the little law empowered to us in the bill, to the extent of barring many from practicing from a moral standpoint alone as viewed by many of the profession from different parts of the state, who, in letters, protested against our issuing license on the grounds of immorality and incompetency, and yet whose very county board had issued county license, and in some instances the very doctors who advised us of the shortcoming of the applicants had previously signed the county license, I re-

peat, if we had barred all such people because the other fellows thought they had all of the imperfections and the critic none, there would not have been a State Board of Medical Examiners in the State of Arkansas today.

As it was, the legislators, strange to say, when the amendment was asked for, were convinced to the extent that they were ready to make a few concessions to the doctors while that assembly was really in good health. Let us hope that our past conduct in executing the laws left in our charge may be far reaching enough that its influence for good will be felt throughout the present assembly, and that there will not be a dissenting voice against the bill now pending in the lower house that will be the entering wedge which will solve many seemingly complicated problems and will lift Arkansas on a level with the other most sanitary states in the Union.

The fact that the Southern States are more subjected to yellow fever and malarial fever than other states in the Union, and the fact that we now know the origin of the cause of the diseases, it does look like the Southern states should be the advance guard in the way of passing laws and appropriating funds to execute same. For we have the most desirable all-year-round country in the world, and it would have been so appreciated and demonstrated by numbers had it not been for the past epidemics and the prevalence of malaria.

Once we get proper sanitary laws and funds to carry them to execution, and an Oscar Dowling at the wheel, what we will not be able to drain we will cover with oil, and our whole Southland, without any joke, will be made the healthiest part of this country, and once this is the case this section will be crowded to the limit with people, and then let's reason what will follow. Our lands will quadruple in valuation; there will be one hundred whistles and factories to where there is one now, and last, but not least, the good roads that we are clamoring for now will have come with as much ease as the amendment to the original half-loaf law of 1903.

So it looks to me that it is about as plausible a solution of the good roads problem and interurbans as any other theory suggested, to say nothing of the drainage agitation. Hence, why not propose to the leg-

islators and the dear people in general that if they will help us to carry out our most coveted desire of eliminating for all time to come the mosquito and the fly, by helping us get the present State Board of Health bill through, with its appropriation, that in twenty-five years we will guarantee that the whole Southland will be a dream of boulevards and a network of interurbans as a result of the dense population, while every frog-pond will be made a desert except for cactus. Verily, verily, the doctor is a necessary nuisance.

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### Deaths.

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Lindsey.—At Little Rock, Ark., March 8, 1913, Dr. Rezin W. Lindsey, of Little Rock, aged 67 years.

Dr. Lindsey was a native of Arkansas. He was born in Union county, where he resided until the outbreak of the Civil War. Enlisting in the Confederate army, he was assigned to the Fifth Louisiana Cavalry, and served throughout the war. At the close of the war Dr. Lindsey entered the University of Nashville, where he graduated with the class of 1872. He returned to Arkansas and began the practice of his profession and continued his medical work until one year ago.

Dr. Lindsey was a member of the American Medical Association, the Arkansas Medical Society and the Pulaski County Medical Society. He was also emeritus professor of medicine in the medical department of the University of Arkansas.

Loving.—At Pine Bluff, Ark., February 13, 1913, Dr. Arthur B. Loving, of Pine Bluff, aged sixty-eight years.

Arthur Bascom Loving, M. D., born in Haywood County, Tennessee, February 2, 1845, was Confederate soldier in civil war, county physician for a number of years for Jefferson County, graduated from University of Louisville in 1874.

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### RESOLUTIONS BY PHYSICIANS.

At a special meeting of the Jefferson County Medical Society February 13, for the purpose of taking action with reference to our late colleague, Dr. A. B. Loving, the undersigned were appointed a committee to express to the community he served so long our sense of loss. Formal resolutions have no place here. Standing by the open grave

which will receive the body of this great, good man, we bow with reverence for the spirit that animated it. Dr. Loving was a typical physician of the old school. It is not for us to speak of his religious convictions, devout as he was, but his conduct toward his colleagues and the general public proved his faith in God and that the great principles of all religions, the golden rule, was his guide. The embodiment of ethics, one of the best informed men among us, he upheld all the honorable traditions of medicine. We shall miss, and we have missed during his long enfeeblement, his wise, calm counsel and his influence as a high-toned gentleman.

"His life was gentle and the elements so mixed in him that nature might stand up and say to all the world—this was a man!"

William Crutcher,  
J. W. Withers,  
William Breathwit,  
Committee.

## County Societies.

### Chicot County.

(Reported by Dr. E. P. McGehee, Secretary.)

Lake Village.—The Chicot County Medical Society met in this city last month, and after the scientific session elected the following officers:

President—Dr. M. M. Norton.

Vice President—Dr. E. E. Barlow.

Secretary and Treasurer—Dr. E. P. McGehee.

Delegate to the State Society—Dr. E. E. Barlow.

### Columbia County.

(Reported by Dr. C. D. Stevens, Secretary.)

Magnolia.—The Columbia County Medical Society held an open session at the courthouse in this city February 24. Following a musical entertainment consisting of a piano duet, male quartet and a vocal duet, the program was as follows:

"Duties of the Medical Profession to the School and School Children"—By Prof. Womack, Dr. C. D. Stevens and Judge Hays.

"Relation of Doctors to Laymen"—By Dr. W. A. Stephenson, W. P. Cooksey and Hon. Sid Kilgore.

"Home and School Hygiene"—By Dr. P. M. Smith, G. P. Saunders, Mrs. W. H. Askew and Dr. J. P. Runyan of Little Rock.

### Pulaski County.

(Reported by Dr. J. B. Dooley, Secretary.)

Little Rock.—The Pulaski County Medical Society met in this city March 10. The meeting was called to order by President Caldwell in the library room at 8:00 p. m., with the following members present: Drs. Chesnutt, Meek, Garrison, Snodgrass, Ogden, Morgan Smith, Pettus, E. Bentley, Meriwether, Stewart, Roberts, Cunningham, Gibson, Caldwell and Dooley.

The minutes of the last regular and the special meeting were read and approved. There were no clinical cases reported. The essayist for the evening, Dr. C. R. Chesnutt, read an interesting paper on "Metabolism," which elicited favorable comment, Drs. Smith and Bentley speaking at some length on the subject.

A committee was appointed to draft suitable resolutions on the death of Dr. R. W. Lindsey, the president appointing Drs. Snodgrass, Dunaway and Meek on this committee. The committee made the following report:

"Whereas, In the dispensation of divine Providence, Dr. R. W. Lindsey has been taken to his reward in the great beyond, and

"Whereas, He was one of the most beloved and useful of the members of this society, one of the most devoted and self-sacrificing of the profession, be it

"Resolved, That the society express its regrets in suitable words and that they be made a part of the records of this society, and a copy transmitted to his family. In the death of Dr. Lindsey a true physician has passed from us. He was an untiring worker. His interest in medical science and development never decreased with the increasing years. He was always ready to spend and be spent for his friends. Especially was he always ready to assist and encourage young men, a large number of whom he counted among his intimate friends and associates. He developed great skill as a clinical teacher of internal medicine, and it was said of his students that they never missed Dr. Lindsey's lectures, when possible for them to be present. He was always gentle, kind and considerate of the feelings of others, and was pained when he seemed to offend.

"We recognize the fact that the society has lost a faithful and honored member, the community a highly respected citizen, his family a devoted father and husband. We mourn his loss with those who miss him, and take this means of expressing our deepest sympathy.

(Signed) "W. C. Dunaway, M. D.,  
 "Wm. A. Snodgrass, M. D.,  
 "E. Meek, M. D.,  
 "Committee."

## Book Reviews.

**Principles and Practice of Obstetrics.**—By Joseph B. De Lee, A. M., M. D., professor of obstetrics at the Northwestern University Medical School. Large octavo of 1,060 pages, with 913 illustrations, 150 of them in colors. Published by W. B. Saunders Company, Philadelphia, Penn., 1913. Cloth, \$8.00; half morocco, \$9.50.

This book is, without doubt, the most elaborate and superbly illustrated work on obstetrics ever published. It is divided into three main divisions—(1) Physiology of Pregnancy, Labor and Puerperium; (2) Pathology of Pregnancy, Labor and Puerperium; (3) Operative Obstetrics. Every one of these divisions is fully subdivided, and all subtopics are subdivided in detail.

Dr. De Lee believes the gestation affects every organ in the woman's body, and as the child, too, has its own physiology and pathology, the obstetrician should also be an internist, a surgeon and a pediatricist. The author therefore presents in this large volume, as fully as possible, all the information required in such an extensive field.

We predict that for many years this book will be the most complete and comprehensive work on the principles and practice of obstetrics extant.

**Skin Grafting for Surgeons and General Practitioners.**—By Leonard Freeman, B. S., M. A., M. D., professor of surgery in the Medical Department of the University of Colorado, surgeon to St. Joseph's Hospital, the National Jewish Hospital and the City Hospital, Denver, Col. With 24 illustrations. Cloth, 139 pages. Price, \$1.50. Published by C. V. Mosby Company, St. Louis, Mo.

In this splendid little book the author has dealt with the whole subject of transplantation of skin and skin elements. He states that the simplest of all procedures of skin grafting is the method of Reverdin; but the results are not always satisfactory. In addition to this description, he gives the

methods of Thiersch, Wolfs-Krause and Hirschberg. Numerous references are made to the earlier literature and to the historical development of the subject.

The volume contains a chapter on the histology and pathology, and a final chapter on the comparison of the different methods of skin grafting.

**Golden Rules of Surgery, Volume I of the Golden Rule Series.**—Especially intended for students, general practitioners and beginners in surgery. By Augustus Charles Bernays, A. M., M. D., F. R. C. S., England, life member of the German Society for Surgeons of Berlin, chief surgeon Lutheran Hospital, and for twenty years professor of anatomy and surgery, St. Louis. Second edition, revised and rewritten by William Thomas Coughlin, M. D., assistant professor of surgery, chief of clinic, St. Louis University Medical School, St. Louis. 280 pages, octavo. C. V. Mosby Company, St. Louis, Price, \$2.25.

The entire absorption of a large first edition of the Golden Rules of Surgery made necessary the issue of the present one. Its enlargement and elaboration by the junior author has made it possible to cover the entire field of surgery in a thorough and systematic manner, at the same time preserving the character and charming style that made the first edition of this book popular.

In reviewing this volume, one is struck with the force of each statement, showing that the authors have weighed well the idea to be conveyed and have striven to present the thought to the reader in a convincing manner.

One is surprised to find cardinal principles enunciated in a sentence, which in ordinary text-books and systems can only be found after careful dissecting page upon page. How easy it is to forget facts is impressed upon one after reading this volume over and over again. It can be truthfully asserted that to read this little volume over and over will so acquaint one with the fundamental truths of surgery that a viewpoint of this science and art will be obtained that will redound greatly to the credit of the reader.

The publishers announce that other volumes in this series will follow rapidly—on Gynecology, Diagnosis and Treatment, Pediatrics and Obstetrics.

**Note.**—Additional book reviews on page 242.

**OFFICERS OF THE AMERICAN MEDICAL ASSOCIATION, 1912-1913**

NEXT ANNUAL SESSION, MINNEAPOLIS, JUNE, 1913.

President—Abraham Jacobi, New York.

President-Elect—John A. Witherspoon, Nashville, Tenn.

First Vice President—Philander A. Harris, Paterson, N. J.

Second Vice President—John L. Heffron, Syracuse, N. Y.

Third Vice President—H. M. McClanahan, Omaha.

Fourth Vice President—Henry D. Fry, Washington, D. C.

Secretary—Alexander R. Craig, 535 Dearborn Avenue, Chicago.

Treasurer—William Allen Pusey, Chicago.

Editor and General Manager—George H. Simmons, 535 Dearborn Avenue, Chicago.

Board of Trustees—W. W. Grant, Denver, chairman, 1913; Frank J. Lutz, St. Louis, 1913; C. E. Cantrell, Greenville, Tex., 1913; Philip Marvel, Atlantic City, 1914; Philip Mills Jones, San Francisco, 1914; W. T. Sarles, Sparta, Wis., 1914; M. L. Harris, secretary, Chicago, 1915; C. A. Daugherty, South Bend, Ind., 1915; W. T. Councilman, Boston, 1915.

Judicial Council—A. B. Cooke, Nashville, Tenn., 1913; Alexander Lambert, chairman, New York City, 1914; James E. Moore, Minneapolis, 1915; Hubert Work, Pueblo, Col., 1916; George W. Guthrie, Wilkes-Barre, Pa., 1917; Alexander R. Craig, 535 Dearborn Avenue, Chicago, secretary.

Council on Health and Public Instruction—J. N. McCormack, Bowling Green, Ky., 1913; H. M. Bracken, Minneapolis, 1914; W. C. Woodward, Washington, D. C., 1915; H. B. Favill, chairman, Chicago, 1916; Walter B. Cannon, Boston, 1917; Frederick R. Green, 535 Dearborn Avenue, Chicago, secretary.

Council on Medical Education—Victor C. Vaughan, Ann Arbor, Mich., 1913; Arthur D. Bevan, chairman, Chicago, 1914; George Dock, St. Louis, 1915; W. D. Haggard, Nashville, Tenn., 1916; James W. Holland, Philadelphia, 1917; N. P. Colwell, 535 Dearborn Avenue, Chicago, secretary.

Council on Pharmacy and Chemistry—J. A. Capps, Chicago, 1913; David L. Edsall, Boston, 1913; R. A. Hatcher, New York City, 1913; L. F. Kebler, Washington, D. C., 1914; John Howland, St. Louis, 1914; Henry Kraemer, Philadelphia, 1914; F. G. Novy, Ann Arbor, Mich., 1915; George H. Simmons, Chicago, chairman, 1915; H. W. Wiley, Washington, D. C., 1915; O. T. Osborne, New Haven, Conn., 1916; Torald Sollmann, Cleveland, Ohio, 1916; M. I. Wilbert, Washington, D. C., 1916; Reid Hunt, Washington, D. C., 1917; J. H. Long, Chicago, 1917; Julius Stieglitz, Chicago, 1917; W. A. Puckner, 535 Dearborn Avenue, Chicago, secretary.

**OFFICERS OF SECTIONS, 1912-1913.**

PRACTICE OF MEDICINE—Chairman, W. Jarvis Barlow, Los Angeles, Cal.; vice chairman, Thomas McCrae, Philadelphia; secretary, Roger S. Morris, 1806 Locust St., St. Louis.

SURGERY—Chairman, A. F. Jonas, Omaha; vice chairman, William L. Cousins, Portland, Me.; secretary, Dean D. Lewis, 122 S. Michigan Ave., Chicago.

OBSTETRICS, GYNECOLOGY AND ABDOMINAL SURGERY—Chairman, F. F. Simpson, Pittsburgh; vice chairman, Joseph B. De Lee, Chicago; secretary, Brooke M. Anspach, 119 S. Twentieth St., Philadelphia.

OPHTHALMOLOGY—Chairman, Hiram Woods, Baltimore; vice chairman, Edgar S. Thomson, New York; secretary, George S. Derby, 7 Hereford St., Boston.

LARYNGOLOGY, OTOTOLOGY AND RHINOLOGY—Chairman, Robert Levy, Denver; vice chairman, Norton L. Wilson, Elizabeth, N. J.; secretary, Burt R. Shurly, 544 Jefferson Ave., Detroit.

DISEASES OF CHILDREN—Chairman, Henry D. Chapin, New York; vice chairman, D. J. M. Miller, Atlantic City; secretary, Frank C. Neff, Rialto Bldg., Kansas City, Mo.

PHARMACOLOGY AND THERAPEUTICS—Chairman, Ray L. Wilbur, San Francisco; vice chairman, J. F. Anderson, Washington, D. C.; secretary, M. I. Wilbert, 25th and E Sts., N.-W., Washington, D. C.

PATHOLOGY AND PHYSIOLOGY—Chairman, A. W. Hewlett, Ann Arbor, Mich.; vice chairman, A. S. Carlson, Chicago; secretary, William Ophuls, 144 Walnut St., San Francisco.

STOMATOLOGY—Chairman, Virgil Loeb, St. Louis; vice chairman, William C. Fisher, New York; secretary, Eugene S. Talbot, 31 N. State St., Chicago.

NERVOUS AND MENTAL DISEASES—Chairman, H. T. Pershing, Denver; vice chairman, W. W. Graves, St. Louis; secretary, G. A. Moleen, Mack Block, Denver.

DERMATOLOGY—Chairman, Joseph Zeisler, Chicago; vice chairman, H. R. Varney, Detroit; secretary, Howard Fox, 616 Madison Ave., New York.

PREVENTIVE MEDICINE AND PUBLIC HEALTH—Chairman, Guy L. Kiefer, Detroit; vice chairman, W. F. Snow, Sacramento, Cal.; secretary, C. Hampson Jones, 2529 St. Paul St., Baltimore.

GENITO-URINARY DISEASES—Chairman, Hugh Young, Baltimore; vice chairman, A. L. Chute, Boston; secretary, Louis Schmidt, 64 W. Randolph St., Chicago.

HOSPITALS—Chairman, H. B. Howard, Boston; secretary, John A. Hornsby, 29th and Groveland Ave., Chicago.

ORTHOPEDIC SURGERY—Chairman, Newton M. Shaffer, New York; secretary, John Ridlon, 7 W. Madison St., Chicago.

**OFFICERS OF THE ARKANSAS MEDICAL SOCIETY, 1912-1913.**

Next Annual Session, Little Rock, May, 1913.

President—Edwin R. Dibrell, Little Rock, Ark.

First Vice President—G. A. Hebert, Hot Springs.

Second Vice President—St. Cloud Cooper, Fort Smith.

Third Vice President—R. Q. Patterson, Augusta.

Treasurer—J. S. Wood, Hot Springs.

Secretary—C. P. Meriwether, Little Rock.

**Officers of Sections.**

Medicine—C. H. Trotter, Helena, chairman; Thad Cothren, Wolcott, secretary.

Surgery—C. H. Cargile, Bentonville, chairman; E. P. McGehee, Lake Village, secretary.

Obstetrics and Gynecology—J. S. Rhinehart, Camden, chairman; B. D. Luck, Pine Bluff, secretary.

Pathology—A. J. Vance, Harrison, chairman; Nettie Klein, Texarkana, secretary.

State Medicine and Public Hygiene—J. L. Greene, Little Rock, chairman; C. W. Garrison, Little Rock, secretary.

Dermatology and Syphilology—Leonard R. Ellis, Hot Springs, chairman; Abner Cook, Hot Springs, secretary.

Diseases of Children—O. K. Judd, Little Rock, chairman; J. S. Jenkins, Pine Bluff, secretary.

Delegate to American Medical Association—Morgan Smith, Little Rock.

Alternate to American Medical Association—A. U. Williams, Hot Springs.

**Councilor Districts and Councilors, 1912-1913.**

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WILLIAM R. BATHURST, M. D., *Editor*

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### Original Articles.

#### PATHOLOGICAL UTERINE HEMORRHAGES.\*

By W. R. Brooksher, M. D.,  
Fort Smith.

Perhaps I should apologize to you for bringing before you a symptom of a great number of pathological conditions rather than a disease entity, but the subject of this paper is such a prominent factor in the gynecologic experience of the average general practitioner doing gynecological work, and a vast majority of the membership of the Arkansas Medical Society are from necessity, if not from choice, such practitioners. In fact, I am reasonably certain that the family physician is more frequently consulted for the relief of excessive menstrual flow, either as to the length of time, volume lost, or frequency of recurrence, than any other three symptoms of the menstruating woman. This leads me to remark that the classifications into menorrhagia and metror-

rhagia has no justification either in theory or practice, as there is in many cases no essential difference between them, either clinically or pathologically. The same structural lesions will sometimes produce the one and sometimes the other, and to the patient it is pretty much a matter of indifference whether she bleeds ten consecutive days or five days on two separate occasions in each month. Pathological uterine hemorrhages, from an etiological standpoint, naturally divide themselves into two great classes, namely, constitutional and local factors. Among the local causes producing uterine hemorrhages may be mentioned the following:

1. Pregnancy and incomplete labor, either at term or before. Perhaps under this heading will be found the real cause of more cases of pathological uterine hemorrhages than any other one condition and in married women suffering from this condition, and do not forget that it may occur in those not married. Do not fail to examine very closely for either an incomplete abortion or an impending one, and do not place too much reliance upon the history of the case as given you by the patient to disprove it. A good many women are honestly mistaken as to their true condition, and the

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\*Read in the Section on Obstetrics and Gynecology of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

history may sometimes fool you, too, if you are not very careful, while others, for reasons satisfactory to themselves, will deliberately attempt to mislead you. So, in these cases, get a good history, and then by careful physical examination prove your history true. As to the treatment, in these cases of impending abortion the proper thing to do, so long as there is a chance for pregnancy to go on to term, would, of course, be rest in bed, freedom from worry or excitement, sedatives, etc., and when it is seen that these measures will not avail, then, as rapidly as consistent with safety, observing always the strictest rules of asepsis, deliver the woman.

Where labor or abortion has occurred and the flow is kept up by the retained placenta or membranes, you will dilate the cervix, if not already sufficiently patulous, and with the blunt curette, preferably, or sharp curette if necessary, remove the remaining tissue. If infection has taken place, it is well to swab out the interior of the uterus with iodine or iodine and carbolic acid. Unless necessary to control hemorrhage, do not pack the interior of the uterus in these cases. The after care is that customary in such cases, namely, rest in bed, light diet, surgical cleanliness, hot douches, etc.

The second group of local causes is composed of the inflammations, either of the uterus itself or its adenexa, or both, such as metritis, endometritis, salpingitis, ovaritis, peritonitis, etc.

In this class of cases medicinal treatment, except symptomatically, means very little, and rest in bed, with either cold or heat to the abdomen, very hot vaginal douches, saline laxatives, together with an easily digested, unstimulating diet, should form the basis of our treatment. It is in this class of cases that the curette has, perhaps, done its most serious damage. In the most of these cases the use of this instrument is not only of no advantage, but positively harmful. There are perhaps only two conditions in this group justifying its use at all, and they are endometritis due to retention of products of conception and a chronic hyperelastic endometritis. In acute inflammation, either of the appendages or of the surrounding peritoneum, the use of the curette is fraught with great danger. If the simple measures outlined above do not relieve this class of cases, then a major surgical operation is indicated.

The third group is composed of tumors, either benign or malignant, and it is here that the man who does not carefully examine and study his cases is frequently going to get caught. Many a poor woman has drank bottles of ergot and other nauseous concoctions until the doctor has sinned away her day of grace, and when a diagnosis is finally made, it carries with it the prognosis. Do not prescribe ergot, astringents or other antihemorrhagics more than two or three times for any woman, especially for one nearing the menopause, without making a careful physical examination and eliminating the various forms of cancer, fibroids, and other forms of tumor. Too frequently it is not the change of life, but a malignant growth, which is causing the trouble, and even when not malignant in structure it may be none the less so in its clinical results.

In this class of cases there is no medicinal treatment, and such efforts are only throwing away valuable time, as well as decreasing the chances of recovery for the patient. Surgery, as radical as the case may demand, offers the only hope for a radical cure.

The fourth group is composed of displacements, subinvolution and foreign bodies, and here again, unless you are careful to make a thorough examination, you will waste weeks, and perhaps months, of valuable time in medicinal measures that are worse than useless.

The treatment is the correction of any misplacement, and then holding it in position by tampons, pesaries, etc., where possible, following this up by rest, hygiene, hot douches, etc., though in my experiences those measures usually failed to afford more than temporary relief, and more radical measures are usually demanded if the woman is to be permanently relieved.

Another important group of cases is composed of tuberculosis of either the uterus or its appendages, or both. I have seen a number of cases of pale, anemic girls with a general tubercular diathesis, and who suffer from a more or less continuous flow for weeks and months together, where the cause of the trouble is due to local tuberculosis of either the uterus and its appendages, or both. In this class of cases the proper treatment is that for the underlying tubercular condition. A number of good men, as Murphy of Chicago, are getting good results

from the proper administration of tuberculin in this class of cases, and contend that the results are far superior to those attained when hygiene, fresh air, nutritious food, etc., are relied upon to the exclusion of tuberculin.

A factor too often overlooked in uterine hemorrhages is abnormal sexual indulgences, as masturbation in the single and coitus interruptus in the married, both of these conditions being much more frequently to blame for pelvic congestions, hemorrhages, etc., with their attendant train of evils, than we would suspect unless we had given the subject special study. Especially is this true of the latter in these days of fashionable small families, and many a woman, I am convinced, has wasted months of treatment with hot douches, glycerine tampons, ergot, etc., when all she needed to get well would have been to assume normal sexual relations and let nature take the ordinary course. The treatment is obvious—"stop the cause."

In addition to the above, Arnold Sturndorf of New York City has shown pretty conclusively to my mind that there is also generated by the cells of the mucous membrane lining of the uterine cavity a substance which has the property of preventing the coagulability of the normal menstrual blood, and this, probably, under certain circumstances, holds true in the conditions we are now discussing, but not enough is known of the factors in this condition to offer an intelligent remedy.

The above, I believe, includes all of the more common conditions giving rise to uterine hemorrhages, with the exception of extra-uterine pregnancy, and in this condition you will rarely be consulted first for external hemorrhages, but this will most often be brought out in developing other more urgent symptoms. The treatment is removal as soon as the diagnosis is made, either before or after the rupture.

In addition to the above local factors, there are a number of constitutional causes, such as anemia, the rheumatic diathesis, scurvy, general tuberculosis and infectious diseases. These act through changes of the blood itself in the walls of the blood vessels, rendering them more permeable for the blood, and in a lack of tone in the nerves and the tissues supplying the parts. The treatment is, of course, that proper for the underlying constitutional conditions.

There are two other classes of cases which should properly come under this head, I suppose, namely, those coming on at the two extremes of menstrual life. These will often tax your patience and judgment to the fullest before relief is obtained, but if you go at your work in the right way you can usually solve the problem. In investigating these cases I want to impress upon you one maxim, and that is this: Do not conclude at once, if the patient is a young girl, that the condition is due to some local trouble until all other possible sources of the trouble have been proven negative. In other words, be very slow to call for a local examination in the young, and only do so after all other methods have proven ineffective. In the woman of middle life and beyond, exactly the opposite holds true, namely: Consider the condition the result of the local disease unless obviously otherwise, and examine and treat your patient accordingly. Practically all patients who have such troubles at the beginning of the menstrual life have them because of some pathological condition outside of the pelvis, while practically all cases at the other extreme are due to some etiological factor within the pelvis.

From the above it is easy to see what a vast variety of lesions may give rise to one symptom, namely, hemorrhage, and how absolutely necessary it is for us to thoroughly investigate each individual case, ever bearing in mind its many possibilities. As I have often said in our local society, we err in diagnosis most frequently not because we do not know, but because we are not careful to use what we do know, and perhaps nowhere in the realm of medical science is this more true than in the diseases peculiar to women.

#### DISCUSSION.

Dr. R. L. Saxon (Little Rock)—There are one or two points in this essay where I would take issue with the author, particularly the method suggested of treating the uterus after curetment. In my opinion, it is just as good a plan to allow the uterus to establish normal conditions, then take out the offending material with a curette. I think fluids put into the uterus do more harm than good. After you have done your curetment, I do not think you can do any good with fluids, antiseptic or otherwise.

Dr. Olive Wilson (Paragould)—Hemorrhage at the menopause is usually looked upon by the laity as a natural event, something to be expected. The advice of a physician is not sought unless there is pain. Women speak of the "change of life" as though it were a disease instead of a physiological process. They should be taught that any

excess of blood at that time should be looked upon with suspicion, and, if it continues, an examination should be made. In my opinion, young girls complaining of pain and excessive flow at the menstrual period should be examined. A retroversion or flexion usually exists. I will say by way of parenthesis, on account of the legal phase of such procedure the consent of parents or guardian should be obtained before an examination is made.

Dr. Brooksher (Essayist)—I want to commend Dr. Wilson for her talk on the menopause. This condition is a normal process and should be so considered and treated.

As to the use of fluids after curetment. This is a procedure upon which the profession is divided. I think if you will mop out with iodine, the lacerated tissue will heal more rapidly.

### INDISPENSABLE ADJUNCTS IN DIAGNOSIS.\*

By E. D. Holland, M. D.,  
Hot Springs.

It is not my object in this paper to go into all the complicated and elaborate diagnostic technic that the modern physician has at his command, but to point out some of the simpler and more necessary procedures that every physician should use.

Physicians were among the first to see the advantages to be gained by an extensive knowledge of a few subjects, and specialization has gone on until there is a specialist for almost every organ and segment of the body, and it would, theoretically, take twenty doctors to diagnose one pain. This is only theoretically so, however, as the general practitioner still has most of the diagnosing to do, the specialist only being called in after the provisional diagnosis has been made.

Since the general practitioner has most of the responsibility of a diagnosis, it naturally follows that he has to have a good working knowledge of the different specialties, especially as regards laboratory methods.

Physicians are apt to think that all laboratory examinations should be turned over to a laboratory man, and where one is connected with a hospital such is the proper procedure; but most of us are not connected with a well equipped hospital, and the consequence is that most doctors only have such specimens examined as are called to their attention by the general symptoms of

the patient. Consequently, one of the chief uses of the laboratory, that of prophylaxis, is lost. A laboratory should be used as much as an indicating as a confirming factor, and its indicating use is of much the greater importance to the patient. To examine the urine of an edemic subject with all the classical symptoms of nephritis is, of course, a confirmatory procedure; but how much better it would have been to have examined this patient's urine before his compensation was lost, and to have instituted treatment that would have avoided or mitigated the dropsical condition.

This prophylactic use of the laboratory can never be fully developed unless the general practitioner makes certain examinations on all of his patients, as, unfortunately, all our patients are not wealthy, and it is impractical to have them examined thoroughly by a laboratory man at five or ten dollars a specimen, the general practitioner must make most of his own examinations, or else do without them.

There is another side to these self-made examinations which seems to be largely overlooked, and which, I think, compensates for their more or less incompleteness, and that is that in knowing your patient you can form a better idea of his normal than a laboratory man can possibly form who has only seen him for a few minutes, or not at all.

Physicians seem to forget that the normal is only a mean taken from a great many examinations, and that healthy individuals vary greatly in all respects, according to their occupation and temperament. A normal finding for an athlete might mean a pathological condition in a bookkeeper.

The normal is seldom hard to demonstrate, and, even if a physician does not feel that he has the time or the equipment for a complete analysis of any kind, he can at least see if some of the more important functions are being performed properly, and if he then finds an abnormality, he can have a complete examination made by a specialist.

There are so many new modes of laboratory and clinical examination, both helpful and practical and worthless and impractical, that I have tried to sift the helpful and practical ones that I use in our every-day practice. I do not mean to infer that this paper deals with all the modern diagnostic technic, as I only intend to mention some

\*Read in the Section on Medicine of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

of the things which I have actually used and found helpful and practical for a man who does a more or less general practice, and does not devote a great deal of time to laboratory work.

The examinations that one should make frequently are: The urine, the blood, the stomach contents, the stool, the sputum and the discharge from various infections. Of course, every patient doesn't have to be put through this whole procedure, but every patient should at least have a urinalysis and a blood smear examination.

The necessity for a routine urinalysis for every patient seems to be almost universally adopted, and it is too familiar a procedure to require detailing here. The principal trouble seems to be that physicians fail to distinguish between a complete urinalysis, which requires a laboratory man, and a quick urinalysis, which they can make themselves. There are a few simple tests that can be made in a few minutes which will determine the approximate condition of the kidneys and urine, and if these tests show normal it is not necessary to have a detailed quantitative examination made. I test for sugar, albumin, urea, casts, pus, adventitious elements, specific gravity and reaction; and if I find these all normal, I do not make any further urine examination unless the patient offers some special reason for it.

A complete blood examination is quite an undertaking, and unless one is doing such work all the time it requires considerable work, as solutions and stains deteriorate and have to be freshly prepared. However, the most satisfactory and helpful blood examination, that of the blood smear, is very easily made, and does not require any special stain or equipment.

A thick blood smear, taken on a slide and stained with eosinate of methylene blue, will show the examiner whether there are any malarial plasmodia, the general condition of the blood, any poikilocytosis, and the approximate proportions of leukocytes to red cells and to one another. As one becomes more familiar with the blood in this way one's conclusions become very dependable; but anyone can tell in a few minutes' examination of such a slide whether there are any gross abnormalities.

Our practice at Hot Springs is mostly with chronic conditions, and we find that 50 per cent of our chronic patients either show

malaria in their blood when they arrive, or else after they have taken a few baths, showing that they either had an active or dormant malaria when they arrived. As a great many of these people are from supposedly non-malarial districts, and give no history of malaria, as such, there is no way to diagnose their cases without a blood smear.

I would like to say here that I do not know of any non-malarial districts in this country, and do not believe that there are many.

Every patient who knows what a mosquito looks like, or has ever heard one, should be examined for malaria if he is sick, and if he denies any knowledge of the mosquito, his blood should still be examined to see if he is telling the truth.

We get more people from the North suffering from malaria than we do from the South, because the people and physicians in the South are constantly looking for this trouble, and in case of doubt are apt to give quinine as a precaution, while the physicians in the so-called non-malarial districts consider their patients free from such danger, and will not even examine the blood for the plasmodia.

Whenever we get a patient giving a history of some minor illness from which he never entirely recovered, I begin to examine his blood every day or so for malaria, and usually find it. It is surprising how many obscure and complicated diagnoses patients bring us that can be simmered down to malaria, either alone or complicated by some more or less minor complaint.

I had one patient come to see me this winter and bring a set of laboratory reports on his urine, stomach contents and blood pressure, that would have done honor to any hospital; but he had never had his blood examined until I examined it and found malaria. I might add that this patient recovered from his previously diagnosed acid gastritis, optic neuritis, enteritis, high blood pressure, neuritis and neuresthenia after a few hypodermic injections of quinine, twenty-five grains at a dose. This man was taken sick while in Cincinnati, and after having been treated there without any improvement he was sent to New York City, where he had a few more diagnoses tacked on to him, and was sent South for the winter, where he had been for a month, without any improvement, before I saw him.

A blood smear should be made from every patient, no matter where he comes from nor what seems to be the trouble, and this can only be done by the general practitioner, as most patients do not want to be sent around to different doctors, even if they can afford it. If the blood shows a leukemia or some other abnormality that the examiner does not understand, or cannot follow up, the patient should then have a thorough examination made by someone who makes a specialty of such things.

The examination of the stomach contents would seem to come under the head of "New and Unofficial Procedures," as far as the general practitioner is concerned, although the analysis of the gastric contents has been worked out for a good many years, and is now simplified so that anyone can do the more essential parts if he tries. The volumes that have been written on digestive troubles seem to offer a barrier that few are inclined to surmount, consequently one of the best understood and most scientific branches of medicine is slurred over with the least thought. Either a doctor retains his text-book impression that all digestive troubles are simple and secondary (text-books unfortunately leave that impression), or else he is discouraged by the voluminous information that he has to become familiar with before he can hope to know much of the subject, and so quits trying to understand it, trusting to his hydrochloric acid and sodium bicarbonate to keep him out of trouble.

The more thorough and complete digestive analyses are not suitable for the general practitioner, but then they are seldom required; the more useful and indispensable examinations are easily and quickly made, and, if made in all digestive troubles, would eliminate a great many erroneous diagnoses.

What the physician generally wants to know is the condition of the gastric fluid and the motility and size of the stomach, and whether there is a partial pyloric stenosis. This can usually be gotten at in a very simple way by allowing the patient to eat a regular meal at 7 p. m. and then eat a test breakfast of bread and water (Ewald) at 8 o'clock the next morning. After extracting this test breakfast one hour after it has been eaten, and filtering it, it is only the work of a minute to make a quantitative examination of the free hydrochloric acid and

the total acidity. You do not have to test for pepsin if the HCl is normal or increased, as it is always present under these conditions. The best and easiest test for pepsin is the digestive test on egg albumin, and consists in seeing how long a standard quantity of hard boiled egg will take to digest in 10 cc. of the gastric contents. Rennet is detected by the coagulation of milk upon the addition of a few drops of gastric contents. Peptones and propeptones, which are the products of albumin digestion, are easily shown by turning Fehlings solution a red color, and their presence shows a retention of food after a test breakfast, as these products must have come from the night before. Mucous is macroscopical if there is a catarrhal condition of the stomach, and can be easily seen by stirring the contents with a rod. The examination of the stomach contents under the microscope will show if there is any food left over from the night before, and will also show blood or mucous membrane, or pieces of tumor that may have become detached. This all sounds very long and difficult, but it is much more quickly done than told.

The symptoms of gastric troubles of even the simplest kind are very confusing sometimes, and a gastric contents examination should be made whenever a patient gives a history of stomach trouble which has lasted over a few days, or has recurred from time to time.

I wish to give one case which I have just examined to show how deceiving symptoms sometimes are.

Mrs. S., age thirty-four. Patient has been having pains in the region of her stomach and under her shoulder blades for several years, off and on; but about six months ago she began having this pain almost constantly after eating, and sometimes in half an hour, and at other times not for two or three hours; belching and distension sometimes accompanied these pains, and she has had several spells of vomiting before breakfast, of a sour vomit, filled with mucous. Patient has vomited a little blood several times; cannot eat anything highly seasoned.

I found on examination that patient had a marked gastroptosis and dilatation of the stomach.

This seemed to be a very clear case of hyperacidity, with a probable ulcer or inflammation at the pylorus.

I had this patient eat a full supper one night and an Ewald test breakfast the next morning, and, after obtaining the gastric contents one hour later, I found, on examining it, that she had no free HCl, and that her total acidity was only 18. A marked subacidity here was the last thing that her symptoms would suggest, and her home physician had been giving her sodium bicarbonate, a thing which he would not have done if he had made the most elementary gastric analysis.

I account for this patient's hyperacidity symptoms in this way: Patient has had a hyperacidity, some time in the past, which has caused an inflammation of the pylorus, and very likely an ulcer at this point. This hyperacidity has irritated the border cells, causing them to over-secrete as long as they could, which gradually led to their degeneration. As these cells degenerated, the total acidity was decreased, the remaining cells still doing an increased work, until they, in turn, were nearly all destroyed, leaving a great subacidity.

At the same time the gastric mucous membrane was irritated by this previous hyperacidity until its resistance to the gastric juice was greatly lessened, which caused the patient to have all the pains of a hyperacidity when she actually had a subacidity.

During the more inflammatory stage of her trouble her pylorus has been nearly closed, either by an ulcer with its subsequent cicatricial tissue, or by an inflammation of the mucous membrane; but most likely by both of these factors at the same time.

As the inflammation has become less acute the cells lining the pylorus have become less congested and have increased its lumen, allowing the food to pass out without any great trouble. I found no sign of retention in her gastric analysis.

Mistakes like this occur every day, and can only be avoided by an examination of the gastric contents.

I am surprised every day by patients coming in with a real or supposed gonorrhea, which has been treated by a physician for some time in the past, who have never had a microscopical examination made of the discharge. Sometimes a gonorrheal infection is hard to differentiate from some other diplococci infection; but this is very rare, and all that is usually necessary is a simple

stain with any of the methylene blue stains, which only takes a minute. I use eosinate of methylene blue, which has the advantages of staining the malarial plasmodia and the principal pus organisms also, and is easily kept.

If a physician is going to treat an infection with bacterins, it is very essential that he know what germs predominate and how many different varieties he has to destroy. This can be found out roughly, but usually sufficiently, by examining a smear taken from the lesion and stained with a simple stain.

Tubercle bacilli are not so easily prepared for examination, but where a physician has a few to examine every month, it is very little trouble.

The examination of the stool is of a great deal of interest to all physicians in the South, on account of hookworm, and, while the examination itself is not at all difficult, it is rather impractical in a private office unless the draft is working well.

Gentlemen, I realize that this paper deals with very elementary examinations, but I have tried to only mention those things which are simple and easy, and require very little laboratory equipment. All the equipment that is required for the different examinations that I have mentioned, besides a microscope, can be bought for \$25.00.

There are a great many other diagnostic and confirmatory tests, such as the Moro test for tuberculosis, the negative phase following an injection of a specific bacterin, and the modified Wassermann tests, all of which we use and depend on to a certain extent; but the only confirmatory and diagnostic reaction that I will mention is the one which follows the intravenous injection of "606" to a syphilitic patient.

A syphilitic patient's reaction to the intravenous injection of "606" has been variously explained, and opinions differ greatly as to its cause. I have given nearly four hundred doses of "606," and I am convinced that the reaction is caused by the toxins liberated from the killed spirocheta pallidæ, consequently the reaction is an indication of the activity of the infection, and any fever five hours after the injection is a positive indication of syphilis.

I have proven this in various ways, but have already published a paper on the subject, so will not go into details here.

## DISCUSSION.

Dr. W. H. Connell (Hot Springs)—I have given salvarsan in something over one hundred and twenty cases. I have found that when I use normal salt solution, I have invariably had fever reaction; but when I have used Hot Springs hot water, and administered the remedy in that water alone, I have not had fever reaction. I have used that in the last fifteen cases which I have injected. I used pure hot water that had been brought over to my office fresh, and I mixed it in that and nothing else. I have had no nausea, no rigors, no chills. I believe you will find some of the very best authorities agree with me that you will get that fever reaction with rigor and nausea with any saline infusion, irrespective as to whether or not you have salvarsan in it. I have very grave doubts as to whether this fever that comes up after injections or infusions of 606 is due to the chemical process that has been going on between the medicine and the disease germs. Confirming this, I have given it in cases where secondary eruptions, tertiary ulcers, bone lesions and periostitis, respectively, were present and active. In no one of these stages did I have fever reaction when given in this hot water as my medium for dissolving it.

Dr. Holland (Essayist)—I am glad that Hot Springs water is so necessary to the successful administration of 606.

## LARYNGEAL DIPHTHERIA.\*

By R. H. T. Mann, M. D.,  
Texarkana.

Laryngeal diphtheria has been one of the most dreaded diseases of early childhood for nearly twenty centuries, and the mortality of this disease has been between 95 and 97 per cent of all the cases, varying but little until a few years ago. It has invaded the home of the peasant and the king alike. One of the recorded deaths from this disease was the son of Louis Bonaparte and the grandson of the Empress Josephine.

The true cause of laryngeal diphtheria has been only recently known. It was considered an entirely separate and distinct disease from diphtheria by practically all observers until recently, and there was a very good reason for its not being classed with diphtheria by careful observers. The membrane which is present in diphtheria is not always present in the early stages of laryngeal diphtheria. Examinations of the larynx at this time often reveal nothing more than a swollen condition, and any attempts to make cultures at this time are negative. At a later stage in the

disease a membrane appears and cultures reveal the cause of the disease.

Many autopsies held on patients who have succumbed to this disease in the early stage show only the swollen condition of the larynx.

There have been several theories advanced regarding the cause of death at this stage of the disease. Possibly the most plausible one is that of spasm.

Where a tracheotomy was performed by skillful hands, the very high mortality of this disease was reduced about 20 per cent. Antitoxin and intubation have greatly reduced the mortality, although it still has the highest mortality of any form of diphtheria. Antitoxin administered early in large doses is often the only treatment necessary. If antitoxin is not administered early, in desperate cases it has been recommended that it be given intravenously, which no doubt is best.

Intubation should be undertaken in every case where there is danger of suffocation. There should be no delay if there is any obstruction to the breathing. It is a safe procedure in skillful hands and should be undertaken in every doubtful case. To O'Dwyer is the credit due of the revival of intubation and the perfection of a set of instruments which, up to this time, have received no improvements. A great many failures are to be attributed to the use of instruments imperfect in their mechanical construction. The O'Dwyer instruments meet every requirement. Many failures are also due to the fact that one intubation does not always give the relief which is to be expected. The tube is sometimes not well tolerated and within a short time has to be removed and reinserted. At other times it becomes clogged with membrane and has to be removed and reinserted. Occasionally the tube may have to be removed within thirty minutes after its insertion and put back, and at other times it may remain for several hours before that is necessary, and in many cases it is well tolerated and does not have to be withdrawn until recovery is complete.

By the prompt use of antitoxin and intubation there certainly should not be a greater mortality than ten or fifteen per cent, and in the hands of one skilled in intubation this mortality possibly can be even further reduced.

In cases where the obstruction is very low down and intubation fails to give relief, tracheotomy has to be resorted to. In those

\*Read in the Section on Medicine of the Arkansas Medical Society, at the Thirty-sixth Annual Session, at Hot Springs, May, 1912.

cases, however, the mortality still remains very high, for the best records obtainable, where tracheotomy was necessary, show a mortality of at least seventy-five per cent.

#### DISCUSSION.

Dr. Vinsonhaler (Little Rock)—I do not know of any paper of more absorbing interest to the general practitioner than the one just read. I hope that every man present will feel free to discuss the paper.

Any man can do an intubation. It does not require any special skill. The first thing that is necessary is to inspire in the minds of the men who have any doubt about it, that you can do it. I remember a friend of mine who took a course on intubation and tried several times and failed. His instructor came around and said: "Doctor, you will never succeed if you keep on poking your tube into the epiglottis that way. If you will simply put your finger at the base of the tongue until you feel the epiglottis, then pass the tube along your finger, you will be absolutely sure."

Never call on anyone for assistance. You can do just as well as anyone who is especially trained in that line of work. I say, rid your mind of any doubt of your ability or any apprehension that you will have to call in anybody to do it for you.

Dr. Mann has told us that O'Dwyer's instruments have never been improved upon. I can say from practical experience, that is true. I have used possibly about every kind that has come on the market. The chances of mutilation of the trachea must be guarded against. An intubation tube that is properly made cannot be passed below the tracheal cartilage. I remember one instance where the tube slipped down through the cricoid ring into the trachea, where it became necessary to do a tracheotomy in order to remove the tube.

The only case that I remember which was not improved by intubation was one where the membrane had extended down the bronchi and the presence of the tube did not add anything to the comfort of the patient.

Nothing can be more gratifying to the physician and to the parents of the child than to do an intubation, relieving the strangling and making respiration possible, quieting the terrible convulsive struggles of the child that you are all familiar with who treat these cases.

Wearing the tube is, as a rule, not difficult for the child. Three inches of intubation will usually remain without any trouble. Some of them have been worn for a month. I believe there is a case on record where one was worn over a year.

The use of the tube in dyspnea is remarkable. In some cases you succeed in inserting the tube, and when you remove the tube dyspnea occurs, the spasm returns and it is necessary to reintroduce the tube.

This emphasizes the necessity for the general practitioner interesting himself in preparing for emergencies that sometimes arise, and disastrous results may be avoided if he will simply believe that he can do an intubation successfully.

Dr. Caldwell (Little Rock)—In regard to intravenous injection, I wish to say that while at the Willard Parker Hospital in New York City, a little over a year ago, they took two hundred patients and gave them intravenous medication, and also took two hundred other cases and in-

jected them in the routine way. As a result of the test, the reports show that they got no more benefit from the intravenous injections than they did from the other method; so the house surgeon, Dr. Sexton, told me. At every intubation we should be ready for a tracheotomy. These patients die from one or two causes—toxemia or suffocation. Remember that when you do an intubation, however careful or aseptic you may be, your work is not done as soon as you get an intubation tube in. Keep up your antitoxin. That is where some of us make a mistake. We give too little antitoxin; we put the intubation tube in and think we are safe and sure of results. Keep right on with your antitoxin. Watch the pulse and temperature of your patient. Do not stop giving antitoxin until the pulse and temperature get practically normal.

I want to agree with Dr. Mann that large doses are essential as initiatory procedure. I repeat them in eight or ten hours; I do not wait twelve hours.

Dr. Dorr (Batesville)—I have had some experience with diphtheritic or membranous croup. I believe I was one of the first physicians to use antitoxin in my county. I wonder if the serum we get nowadays is as good as that we used years ago. If I remember rightly, one or two or three or four injections were sufficient in most cases treated. It seems to take more now. Every six or eight hours it has to be repeated. I do not know what our percentage of recoveries would figure out under the old treatment, but I think it was something less than fifty per cent. I only lost one case where we gave antitoxin.

I do not know whether the manufacturer is responsible for the seeming lack of strength in the serum, or where the trouble is; but I do know there is a difference in the results you get now when compared with those of some eighteen years ago.

Dr. Cooper (Fort Smith)—I want to criticize Dr. Mann's statement in his paper about membranous croup being only recently recognized as diphtheria of the larynx. I have known that membranous croup was diphtheria for thirty years. He also states that the mortality of laryngeal diphtheria before the introduction of antitoxin was as high as ninety-five per cent; it was not as high as this in my practice, and the authorities do not give so high a mortality. I agree with the other gentlemen who have preceded me as to the amount of antitoxin to be used. Anyone ought to be able to do an intubation successfully, provided he has the proper instruments and has confidence in his ability to do so.

Dr. Mann (Essayist)—Intubation is a temporary procedure to keep the child from choking to death until the antitoxin can be given and have effect. Where the antitoxin is given late it gives rise to most of the trouble we have in these cases. In the cases I have treated, I have always wished I could do one intubation and then not have any more trouble; but I am not always so fortunate. I will recite one case to show the difficulty which sometimes attends the treatment. I intubated a child about twelve o'clock one night. The tube became closed in about thirty minutes and I had to remove and reinsert it; again in the next thirty minutes and again in the next hour. Within another hour that tube became closed again from some membrane. I withdrew that tube and reinserted it within the next hour. I said to myself, "I wonder if this child is going to be able to stand the shock of having this tube inserted and withdrawn at intervals all night long." Finally

I got the intubations and withdrawal farther apart; the child was getting a little more relief; the antitoxin was getting in its effect. So by the next day and during the next afternoon I had to withdraw that tube and put it back one more time. I stayed with that child all night, not leaving there till late next day. The patient made complete recovery.

At a meeting which I attended recently, a physician reported that he had done twenty tracheotomies on patients with laryngeal diphtheria on whom intubations had been attempted and failed. Sixteen of these patients had died and four had recovered. On most patients on whom a tracheotomy is performed, suffering with laryngeal diphtheria, the inflammation is so great that there will be a resulting stenosis, and for this stenosis the child will have to be intubated many times before the trachea tube can be removed.

I have had two cases of this kind and it was on these cases that I learned to intubate. I think almost any one of you can do an intubation in from three to six minutes, and after you have once learned you will never forget it—it comes natural. There is not a man in the house who cannot do an intubation and do it successfully if he will practice it sufficiently.

I want to say that I regard thirty years compared with twenty centuries as recent.

## MANAGEMENT OF CHRONIC CYSTITIS IN THE FEMALE.\*

By T. J. Stout, M. D.,  
Brinkley.

Experience in gynecology shows no branch of the work in which the profession as a whole does so much empirical prescribing and persists in it so long, in spite of little or no progress, as in inflammations and especially the chronic forms of the bladder, and it shows no organ within the female pelvis so inadequately considered.

The anatomy of the female urinary organs are so essentially different from that of the male, and the interrelation with the genital organs are so intimate that the disease of the urinary system of the female, especially surgical diseases, and those requiring local, *i. e.*, cystoscopic treatment or investigation which comes logically under the domain of gynecology, are too often referred to specialists of that branch of science.

We too often neglect the local treatment needed, or fail to give same carefully and aseptically. Surgical asepsis is an absolute essential, and is fortunately easily secured and can be achieved anywhere.

Do not understand me to advocate cystoscopic treatment of every case of cystitis in the female, for such is not my desire, for it may be distinctly bad practice.

The treatment of this disease, to be permanently successful, must be in direct antagonism to its cause. The other lines of treatment may give temporary relief, and in certain cases where immediate relief is urgent it may be justifiably instituted; but always with the understanding that it is neither scientific nor permanent. The bladder is an intolerant organ; slight variations from the normal reaction of the urine very quickly react upon it, causing its disturbance.

When a patient comes to a physician it requires the courage of his convictions to do nothing for her until the etiology of the cystitis has been thoroughly determined; yet it is the correct thing to do in every case not urgently demanding relief from severe suffering. When such relief is demanded, every effort should be made to do so without modifying pre-existing conditions as to obscure the true cause.

As per example, when abnormal urinary secretions play an etiological role.

The factors which for generations have stood in the relationship of exciting causes are becoming recognized as predisposing causes, while the real exciting causes are found in the vast majority, if not in all cases, to be various pathogenic organisms acting upon a soil prepared for them by the predisposing causes.

This discovery explains the former failures to cure, and the frequent recurring relapses after apparent cures.

Among the predisposing causes, the most common are: 1, pathological urine; 2, retention of urine; 3, foreign bodies (especially stones); 4, trauma (including rupture of pelvic abscesses into the bladder); 5, any local or systemic cause of congestion or blood stases; 6, rheumatism and uric acid diathesis.

The last two of these causes are so broad as to cover "a multitude of sins," and yet vague as they seem, they alone seem often to be the only co-operating agency with the actual exciting cause.

Of the actual exciting causes the bacillus coli communis leads all others in frequency, although usually less disastrous in their effect than the tubercular bacillus, or the gono-

\*Read in the Section on Obstetrics and Gynecology of the Arkansas Medical Society, at the Thirty-sixth Annual Session, at Hot Springs, May, 1912.

coccus. The staphylococcus is also occasionally found, but usually in mixed infections.

The practical bearing of this discovery of the relative value of the predisposing and exciting causes are interesting and clinically important.

While the point cannot be regarded perhaps as finally settled, the consensus of opinion seems to be that the simple introduction of pathogenic organisms alone is not sufficient to produce cystitis, and no more are the predisposing causes able to cause it in the absence of infection. In the presence of the predisposing causes alone and in the absence of infection, we at most get a hyperemia of the whole or a part of the bladder, especially the trigonum, but no actual inflammation in the true pathological sense of the word. These conditions cannot be determined without the use of the cystoscope.

This necessary conjuncture of predisposing and exciting causes shows why early therapy was successful up to a certain point, beyond which it was utterly impotent.

Given a case where the bladder had been prepared for bacterial invasion by the long continued irritation of its mucous membrane by a pathological urine; for this condition blinding diuretics are administered, which relieves the predisposing causes, hence rendering the micro-organisms inoculus, or so lessened in virulence as to render the patient comfortable; it failed in permanence of cure; it did not remove both causes.

After discovering the *bacillus coli communis* was chief among the exciting causes of cystitis, came the explanation of the existence of cystitis in connection with an acid urine. This for many years was made a diagnostic point; a mistake was made in thinking that merely changing the urinary reaction would remove the cause.

Many patients send to a physician's office, or call upon him to prescribe remedies for the bladder, which, unfortunately, is too often done without investigation as to the cause of the trouble, or the correctness in diagnosis.

The relation of pain and the act of micturition are of great diagnostic value; when pain follows the act, the bladder is at fault; when pain is during the act, the fault is in the urethra.

When the cause seems obscure and the symptoms are urgent, sedatives may be prescribed—hyoscyamus, or suppositories of bel-

ladonna, ichthyol and opium. With this alone the true cause is not modified or disguised.

The patient is instructed to save the amount of urine voided in twenty-four hours, and to submit it for chemical, microscopic and bacteriological examination. If the predisposing causes are found to be other than urinary, there should be an appropriate treatment to the offending organ. If the tubercular bacilli are found, there should be a cystoscopic examination made, and all lesions should be treated locally. The ureters should be catheterized separately, with strict observance to aseptic technique, and a microscopic examination of each specimen made, to determine which kidney is involved; if only one is at fault, it should be removed, but not until there has been an exploratory incision over the other, first to determine its presence, and then to ascertain if it is sound and capable of functioning for the entire system.

In the failure to investigate the other kidney, the court has held that the surgeon is not justifiable, and is amenable to law.

The urine should always be rendered germicidal; fortunately, this can be done far in excess of our ability thus to influence other visory and emunctories; any of the various agents that will liberate formaldehyde in the urine (hexamethylenamine, tetramine or urotone or urotropin) in my experience is best and most reliable, which should be pushed to its full physiological effect of headache, etc., and should be long continued at this point.

If the urine be highly acid the time-honored acetate or citrate of potassium or lithium may be administered in combination with hyoscyamus; with this it is well to advise free drinking of pure water, and if difficulty is experienced in getting them to drink a sufficient amount, a placebo may be prescribed, taken with large quantities of water at regular intervals.

This brings us to the consideration of various pathological conditions of the bladder by means of the cystoscope and local treatment, with which cleanliness should especially be observed.

Time forbids a detailed treatment of individual lesions, cases requiring curettage or cautery of ulcerating surfaces, and many other conditions; nor does it admit of a consideration of tubercular cystitis, which deserves more time of itself than allotted to this paper in general.

Just a few words about washing the bladder. In cases where the cystoscope reveals only a general hyperemia with no ulceration, or where after the healing of ulcers, it does not yield to medical treatment, it may be accomplished by irrigation; the most estimable agent to use for irrigation is potassium permanganate, solution 1 to 2,000. The most valueless and commonly used irrigating solution is boric acid. Some of the advantages of potassium permanganate solution is its active germicidal effect, and its oxidation of all dead organic matter, together with its astringent effect, which is antagonistic to the hyperemia.

It should be remembered that after all cystoscopic examinations we should catheterize to remove the air which distends the bladder, often causing pain which may last for hours and serve to frighten the patient away without a cure.

The regulation of general hygiene, diet, rest and exercise is of paramount importance.

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#### CO-OPERATION BETWEEN PHYSICIAN AND PHARMACIST THROUGH THE PRESCRIBING OF PHARMACOPEIAL AND NATIONAL FORMULARY PREPARATIONS.\*

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By E. G. Eberle, Ph. D.,

President of the American Pharmaceutical Association, Dallas, Tex.

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History reveals that in primitive times superstition influenced religions and customs and very naturally impressed the arts and professions. The terror of deities and demons controlled morality, and sacrifice and gratification appeased the wrath or sustained the favor of those who chastised the human family with affliction. Along with such control came also more or less actual observation and reason, dimmed, however, by inexperience and misconception. The views and deductions were superficial, natural laws and phenomena were not understood and the exhibition of striking results ascribed to supernatural powers. The greater number were totally ignorant and fell easy prey to the whims and impositions of

those who practiced professions and arts, presumably effected through the agency of deities or demons. The knowledge of the select few was not sufficient for all needs, so intuition, blended with some degree of reason, offered further suggestions and incidentally impositions of various forms. If cantations were insufficient to drive away demons or appease the gods, the powdered skull of a criminal or a saint might be effective. The strength of the elephant was known and part of his anatomy should give tone to the weak; gold was indestructible, and its effects would naturally prolong life. Those who cared for the spiritual welfare of their people were selected because of their actual or professed knowledge, and were also thus qualified to look after the physical condition of the people. The number, being perhaps larger than necessary, or differing in inclinations, soon divided these duties among two classes, namely, those who diagnosed and applied, and those who prepared medicines. This is the story very superficially and briefly told. No greater mystery surrounds events more than production and destruction, or life and death, and quite naturally the agents capable of influencing or controlling life, or even the production of new forms in material things, excited and enlisted the interest and awe of the individuals. Thus, medicinal agents were in more or less degree mysterious things, and greater powers were readily ascribed than due them or the compounders. The interchange of atoms in the unknown elements was astounding, and it was not surprising that devotees should imagine and ascribe to themselves powers beyond the realms of truth, developing the forerunners of the later true chemists.

Religions, governments, arts and professions are shaped by the desires and aspirations, normal and intellectual conceptions of the people. History, therefore, narrates only the expected in depicting among the searchers after truth, those who rather sought gain, and not only those who could only be convinced by truth, but also and perhaps a greater multitude who merely followed, whether for right or wrong, and a corresponding number easily persuaded largely responsive to their own desires. Such are the conditions relatively now, and comparatively as in the past. Throughout

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the ages might and power, often regardless of right and conservation, have played an active and important part in the development of all affairs. In certain periods austere judgment or misjudgment was pronounced, without mercy and consideration of the opportunities or enlightenment of those concerned; nor are the pages of history without records of the benighted in control of affairs. We have the dawn of a brighter day when men are not persecuted for opinion's sake, encouragement of learning is at least advocated, and truth is given greater consideration. Another thought that should have found place is the desire in many to accomplish quickly and easily for their own glory and gain, forgetting perfection or righteousness. This has led many to procrastination and others to the employment of deceptive methods, bringing into the fold many who can perhaps be charged with indifference, but not directly with intent. Thus, I have endeavored to quickly hurry you helter-skelter over history that records the activities of those who have gone before, whose impress has influenced our time and us, just as we will leave records to guide either rightly or wrongly those who live after us. There is no completed cycle in history; the line, though endeavoring at a circle, swings off to form another, and the present period, however feebly, is still in contact with the beginning. And now I desire to bring up for your consideration the present tendency of the medical man and the purveyor and compounder of medicine, without altogether losing sight of the influence that surrounded these practices in the past, but viewing the future in the light of greater and better possibilities.

An era of more thorough knowledge is upon us; greater efficiency is more strongly advocated; truth is deemed essential, and the people expect and more strongly demand service accordingly. Such tendency and advocacy means that all in every line of activity must qualify, and though perhaps the efforts are in government and judicial reforms, educational systems and the professions, they are the expression of the people whose demands, however reticently, eventually must be obeyed. Men are prone to search for shorter routes by by-paths, losing themselves in the labyrinth of error, from

which they must disentangle themselves and press forward rightly and wisely.

The drug business—for my intention is to dwell somewhat upon its complexity—has always attracted a great many, who recognized the gross profit of the single sale, but blind to the large running expenses and the comparatively small sale volume. Another attraction, more particularly of the past, was the small investment required for putting in a stock of drugs; now it is becoming quite different. These references are only for supplying two reasons, and there are others for the many drug stores, and these show also that after realizing the small receipts, the incumbents endeavored to augment the sales by numerous and varied additions to the stock.

The English Home or Household Remedies came with the first settlers of this country, and gradually by change or new endeavor the so-called patent medicines were exploited. Without reference pro or con as to their value, they met with sale because the people desired such means of medication and convinced by the manner in which the merits were presented to them.

Physicians acquired the habit of prescribing certain prescriptions that led to pharmaceutical manufacturing on a large scale, and the druggists seemed willing to be relieved of the laborious work of manufacturing. To what extent this has progressed, every one in the drug business is more or less aware. In this connection a progressive age and the greater and better facilities of large factories must be considered. While the need of a guide for recognition, preparing and standardization of drugs and preparations was recognized early in the history of this country, pharmacists did not very actively join in the compilation of the Pharmacopeia until after several revisions, but they are well represented in the later committees. The need for a book of formulas to supply compounded preparation of a standard and similar in appearance and composition brought forward the National Formulary, now being revised along more advanced lines.

It is commendable that as early as 1821 a school was founded for the education of young men in the science and art of pharmacy, and, though several decades passed

without many additions, the great number of today evidence a growing desire for educational qualification.

The people recognized the necessity for safeguarding themselves by legislation against promiscuous sales of poisons; these laws gradually developed, or were supplemented by legislation, prescribing certain qualifications for those who would practice pharmacy. The requirements vary somewhat in different states, but are progressing toward a general standard.

In order to better commercial conditions, druggists organized associations; while some organizations retain this idea and have greatly improved, other bodies, having more particularly in mind the advancement of pharmacy, were formed. They have been largely instrumental in providing better and safer service for the public, and elevating the standing of pharmacy and its votaries.

Higher exactions were made of the medical profession in corresponding times than those who pursued the art and science of pharmacy. The practitioner is required to enter the homes, and therefore subject to closer scrutiny, and to sustain his reputation was expected to be learned not only in the branches of medicine, but in literature. At any rate, there was a stronger incentive in this direction for him than for the one whose dealing with the public is confined to the store. The responsibilities also are significantly greater, and it is quite reasonable that the people should demand evidence by qualification earlier than they did of the one whose practice was largely an art. The practice of medicine had other and, perhaps, less difficult obstacles to contend with than pharmacy, but I will leave this out of my consideration. Schools for teaching medicine were founded long before the attention of pharmacists was directed to such needs. The qualifications for entering are of a higher order and the years of instruction greater.

Laws regulating the practice of medicine were earlier enacted, and all states now require graduation from a reputable school.

The early pharmacopeias were revised by physicians, but gradually their interest waned until they represented the minority of the revision committee. At the convention in Washington renewed activity on the part of the medical profession was strongly

evidenced, and the committee counts in its membership leading lights of the profession.

The earlier physicians of this country adhered to the preparing of medicines or wrote prescriptions for simples to be made into compounds. The drug itself and the effect was known to them and prescriptions were written accordingly. The number of remedies were comparatively few. Preventive medicine and attention to hygienic conditions was not developed. A later day brought the manufactured products and the host of newer remedies, a different one for each case under treatment and the judgment of the physician relative to materia medica and therapeutics was displaced, others doing the thinking for him. Again, there is a change, and the tendency is toward fewer remedies and a stricter adherence to the Pharmacopeia. Panama Canal was an impossible undertaking until the progress of the present age made the surrounding country habitable. I will not detain you with a resume of modern ideas relative to the use and wonderful progress in the treatment of disease by the aid of physiologic products and modern research work. The retracement to medicines of the Pharmacopeia, with compounds of them, listed in the National Formulary, have brought physicians and pharmacists into closer association, and I desire to congratulate the members of the associations representative of the two professions in Arkansas for the happy thought of holding joint sessions. Neither can do the best service for humanity without the hearty, earnest co-operation of the other, and it is in that noble cause we are engaged. The encouragement of medical practitioners offered the pharmacists will redound to mutual benefit. Likewise, pharmacists should co-operate in every way in order to make possible the best results of the physicians, who must rely upon the accuracy, integrity and intelligence of the compounder. The betterment in drugs and medicines can easily be discerned and the haphazard methods that are sometimes obtained in the making of preparations is being displaced by a close adherence to standards; medicine is becoming a more exact science.

I would like to impress upon you that the best and most substantial success is not always accomplished by surgery alone. There

is a tendency to throw out all at once too many drugs and preparations. If they are proven worthless they should be omitted from the Pharmacopeia, but when successful practitioners report favorable results, why should their judgment not have weight? It is equally undesirable to admit few drugs and medicines whose worth have not been proven. Again, I would direct your careful consideration of the preparations of the New National Formulary and aid in displacing every unreliable preparation without decrying the whole compilation; it is better to build up than to tear down.

Permit me to present a view of the drug business from a different angle than some of you may have chosen at times. I refer to the criticism sometimes made of side lines in a drug store. As a general proposition, the successful business man gives the best service. The prescription counter or sales of drugs would sustain only a comparatively few drug stores; they would become neglected. The profits from side lines make it possible to give the proper attention, care and time to the prescription department. So my contention is that under present conditions, aside from the necessity of them and the best of goods sold there, the departments of a drug store serve two purposes and one of these is to give your patients the attention your interest for them and yourself demands. Let me also ask a favor of the Medical Society, and that is to help do away with the itinerant vendors of drugs and medicines. They are hurtful to a community, undermine the very purposes of medical and pharmacy laws. Think it over; my purpose is not now to go into a discussion of these conditions, but simply to invite your investigation and ask you then to assist in doing away with such methods.

It is not my desire to condone or berate any deficiencies of the past in either profession. My endeavor in this address was, however, superficially, to trace, after a manner, the development of the professions in which we are respectively engaged, and to show, incidentally, how the people in the different periods contributed in shaping and promoting them. There is much that I must leave you to read between the lines, if you consider the skeleton worthy of your thought. I deem a letter from Dr. Solomon Solis-Cohen, as representative of the American

Medical Association to the American Pharmaceutical Association, very appropriate and fitting; therefore, use a part in closing this address.

"If I may presume to speak for chemical therapeutics to the representatives of pharmacy, I would say: Gentlemen, I depend on you in my efforts to help my patients to get well. I depend on your knowledge, your skill, your science, your enterprise, but above all, on your fidelity. I trust you. You are my armor-bearers as I fight disease. If my paper is dull, my bowstring slack, my arrows unfeathered, my sword rusty, my shield pierced, death awaits them that I would protect. But give me weapons that I can depend upon and I go into battle hopefully, with the determination to conquer.

"The efforts that you and your co-workers are making to restore pharmacy to the rank of learned professions and to advance the status of the pharmacist have my earnest sympathy and my sincere co-operation.

"Let us stand together for clean medicine and upright pharmacy; let us oppose quackery, fraud and pretense within, as well as without, our ranks. Let the American Pharmaceutical Association join the American Medical Association in its determination that the errors of the past shall be corrected, that the interests of the people, the interests of science, shall be our own chief interests, and that all selfish obstructionists shall be silenced or shamed.

"Then we can confidently face the future, sure of what is better than the mere achievement of success—the deserving of it."

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#### THE PHYSICIAN, PHARMACIST AND PROPRIETARY MEDICINE.\*

By Allen E. Cox, M. D.,  
Helena.

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When our worthy secretary invited me to contribute a paper for a joint session of the Arkansas Pharmaceutical Association and the Arkansas Medical Society, I felt honored, but this honor carried with it an obligation, and in accepting it I feel keenly my inability to come up to what may be expected of one in attempting to perform

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\*Read in the Joint Session of the Arkansas Medical Society and the Pharmaceutical Association of Arkansas, at Hot Springs, May, 1912

so important a task before so representative bodies as these.

In broaching the subject that I have chosen, I am aware of the fact that I am treading on forbidden ground as it were, but after you have heard me I trust that you will not only endorse what I shall have to say, but use your influence at every opportunity to decry some of the tendencies which seem to have taken a very strong hold on many, if not indeed all, of us. I refer to the use of proprietary medicines in our daily practice; in fact, we have become so accustomed to allowing agents to enter into our prescriptions that it is almost, if not quite, the rule to use them, when it certainly should be the exception and not the rule. An examination of the files of prescriptions of any of our first-class drug stores reveals the above rather startling facts. Surely it cannot be that we possess insufficient knowledge of drugs and of their use, and it is this fact that has given rise to the proprietary specialty business, and surely it cannot be that it is our pharmacists' inability to compound physicians' prescriptions properly that we had rather risk a ready-made mixture made by a drug house that we do not know than to rely on our pharmacist whom we do know.

Dr. Witherspoon, in an address before the American Medical Association some years ago, about covers the ground when he says: "Dictation of pharmaceutical companies is a stupendous error, one which is so vast in its influence that it hangs like a withering blight over the individuality of every man in the profession; they act as self-constituted advisers in the treatment of diseases about which they know nothing, to the entire profession. All honor to worthy and legitimate scientific pharmacy; we should welcome it as a child of medicine, but, as is often the case, the child, as soon as it is out from under the wing of the parent, has grown (bigger than the daddy), and not only tells him how to treat every disease to which flesh is heir, but is condescending enough to formulate the prescriptions with full directions on them, many times omitting the formula, but always kindly telling him in what diseases to use them. They are so solicitous that they flood our offices with blatant literature full of bombastic claims and cure-alls, and, I am sorry

to say, too frequently with certificate or articles used by permission from physicians who call themselves reputable.

"But this is not all; these drug houses are so afraid that someone will die through our ignorance or before dull comprehension becomes alive to the merits of their preparations, that they send a man, frequently a doctor who was a howling success when he was in the profession before his health failed, to tell you all about how to treat diseases. He leaves you with the parting injunction to always specify his preparations, and with the friendly warning to watch the local druggist—whom you know all about—to keep him from substituting, while he assures you that he and his firm—about whom we know nothing—are the personification of honesty, and that you can always depend upon them and their preparations, as the plants from which they were compounded were gathered by their special agents from the grave of Esculapsius. And thus they come, with samples galore, until you are reminded of the old Southern negro song, "They Are Coming, Father Abraham, Forty Thousand Strong," to spread the glad tidings of joy, and make every doctor their advertising agent. They are the only people in the world who, without seeing the patient, can tell you how to feed the baby until he blossoms like the rose, or how to restore the rosy-tinted bloom of health to the blanched cheek of the convalescent. They have an antiseptic that can chase the bacilli typhosi through the lymph channels and pound them to death in the blood vessels by throwing red blood corpuscles at them, or the white blood corpuscles are called up as a reserve, and the war of the roses is again enacted in the human body. Or they make the emaciated consumptive so fat that he can hibernate and convert his distressing cough into a laugh of joy. Thus I might enumerate indefinitely what great things they are doing for us; but seriously speaking, gentlemen, this is a curse to the profession, and takes from it its real scientific application, namely, treating each case upon its merits.

"In my humble judgment, the fostering of these establishments is a disgrace to honorable medicine. The true sphere of pharmacy is to make the official preparations of drugs and compound our prescriptions.

When a doctor acknowledges his inability to formulate his own prescriptions to suit each case, then he should seek some other occupation, more to his taste of commercialism, or less trying by reason of his lack of qualification."

Many American pharmaceutical houses are devoting their energies to the devising of pharmaceutical specialties, which are mixtures of well-known medicaments so fixed up that they are both palatable and of pleasing appearance, and having names that mean nothing and often therapeutically suggestive. Our manufacturing pharmacist would do well, in my opinion, to devote more time to refining many of their products and leave to the doctor to prescribe and to the retail druggist to prepare his prescriptions.

The Pharmacopeia of the United States, originated by physicians, is now the exclusive property of the medical and pharmaceutical professions—professions which are assumed to be working together for the good of the sick and the protection of the well, and supposed to discountenance any practices incompatible with these aims, and to warn their clientele against practices or drugs which will be harmful or useless. The specious argument that the public calls for worthless things, and that it is legitimate to supply their wants, was long ago repudiated by the medical profession, if, indeed, it was ever recognized, as it is also by most pharmacists.

With our present magnificent nineteenth edition of the United States Dispensatory, containing over 1,800 pages of useful matter, together with our Pharmacopeia, should certainly satisfy our every need, and we certainly should be spared routine, patent, stale and stock lectures so often thrust upon us by the representatives of our solicitous manufacturing pharmacists.

If I remember correctly, Oliver Wendall Holmes says: "If all medicines were sunk to the bottom of the sea save three, the human race would be better off." While, of course, we do not agree with this statement, we are compelled to admit that there is some truth in it, and with a great number of official agents in our United States Dispensatory there is certainly no dearth of remedies to meet the various diseases that the human race is heir to, and we need not

often go beyond these official agents; but, when necessary, we have quite a number that are not official that are indeed very useful and that we are perfectly justifiable in using, for example, argyrol, soamen, asperin, creosote carb., epinephrine, betaucain, hydrochlorid, guaiacol carb., homatropin, hydro-chlorid, heroin, phenolphthalein, quinin and urea hydro-chlorid, salvarsan, and the serums and vaccines and others.

With the aid of the "Propaganda for Reform," waged by the journals of the American Medical Association, and with the official rule of the Council on Pharmacy and Chemistry of same body governing the admission of new and nonofficial remedies, ought to serve to place us on ground that we can, with the aid of our local druggist and pharmacist, look after the best interests of our patients and the public generally in matters of sickness and disease.

Just a few examples in point may not be out of order, and I will site first: The well-known cough mixture, Syr. Cocillana Comp., made by the firm of Parke, Davis & Co., and certainly we concede that this concern has and does put out very many elegant pharmaceutical agents, and I select purposefully a preparation put out by this high-class house because an article put out by them is dependable. But are we not making a great error to prescribe such a combination? Because first, from the standpoint of our patient, he gets no more by our prescribing this ready-made preparation, which might well be compared to the ready-made suit in contrast to the cut-to-fit, made-to-order garment; second, from the standpoint of a physician, we cultivate indolence in fitting such a combination of drugs to many cases when by working out a formula for each case and meeting the different indications in that particular case our familiarity with drugs is increased and we thereby become more expert as therapists, and in the end we are enabled to accomplish that which may be reasonably expected of our profession. Thirdly and lastly, we are not treating our druggist and pharmacist right. He has spent anywhere from two to four years at college fitting himself for this work, and he is certainly capable of compounding our prescriptions properly, and if we will give him an opportunity and allow him to earn a

legitimate profit in doing this and not make him an agent for the hundreds of ready-made preparations, hand-me-downs, which, unfortunately, are manufactured more for the interest of the house than for the interest of the consumer.

This one reference is applicable to all alike, and, indeed, many combinations put out by houses of this reputation fall far short of what might be reasonably expected, and I shall not consume further time in referring to the many combinations of drugs put out by different manufacturing concerns, because this one serves to illustrate for all, and in closing I wish to make the plea for more universal scientific prescribing and stay closer by our *materia medica*, thereby giving our patients better service and better results, and our pharmacists the just support they deserve.

#### A TRAVELING HOSPITAL FOR RURAL NEEDS.

A pressing need of our rural districts is for the same kind of hospital treatment which is open to even the poorest inhabitants of our city slums. Dr. C. W. Stiles has made some observations on this subject as a part of his work with the Hookworm Commission. The average mother with whom he comes in contact in field work is attended in her confinements, rarely by a physician or a trained nurse, usually by some of the neighbors or a dirty and ignorant midwife, with the result that injuries frequently occur which are never properly treated. He also finds large numbers of children who are handicapped in their physical and mental development by large tonsils and adenoids, and by defective eyes and teeth. He says, moreover, that the average country woman (white or black) with whom he comes in contact has exceedingly rudimentary ideas on cooking, housekeeping and care of children and the sick, and to meet the needs of this side of the problem the district nurse would be invaluable. The remedy which he proposes for these evils is a traveling hospital, equipped for the minor surgical work on children suggested above and for the repair of obstetric injuries or gynecologic ailments. He believes that it would be a comparatively simple matter to fit out a special hospital train of from three to six cars and take it to districts without hospitals. The difficulties to be overcome

in establishing these trains are not insurmountable, and the expense need not be greater than that connected with any other hospital. The traveling hospital could also be utilized to bring about such results as much-needed post-graduate medical instruction to local physicians; ideas on cooking, housekeeping, infant feeding, etc., to mothers; ideas on sanitation to the fathers, and special instruction along health lines to the schools. Stiles believes that this work is more important than the teaching to the farmers by special school trains how to increase their crops or how to take care of their live stock. The Journal of the American Medical Association, commenting on Stiles' experience, says that the suggestion is the more valuable coming from Stiles, as he has had practical experience on laboratory trains in the rural districts in which research and observations were conducted on school children. This has shown him the need, the practicability and the possibilities of such a hospital train as he suggests.

#### SURGICAL SUGGESTIONS.

Crinoline gauze provides a better body for plaster bandages than soft gauze. The plaster should be spread evenly into the meshes.

To be most serviceable a plaster bandage should be very loosely rolled. It may be kept air-tight in gutta-percha sealed with chloroform.

Friar's balsam (tinct. benzoin comp.), to be reapplied from time to time, forms a protective film quite useful for wounds of the mucous membranes (as after operations in the mouth or anus) and for other moist surfaces, e. g., cracked nipples.

If a sepsis of unknown origin is associated with a positive blood culture, don't fail to examine the ears. Sinus involvement from otitis media may be present with little objective evidence and no other symptoms than fever and chills.—*American Journal of Surgery*.

#### A FILLER.

To fill these holes with sundry bits  
Would rob the wisest of his wits.  
They come in such a lot of sizes  
That when they're filled the great surprise is  
—that we were able to get anything to fit  
the blessed cubby-holes!—*Inland Printer*.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

## Editorials.

### LET'S ALL CLEAN UP.

May is traditionally house-cleaning time, but May is too far off to delay till then our sanitary cleansing activities. The house fly does not wait for May. He has already arrived and is on the job from early dawn till dark. The fly as a germ carrier is a prolific source of disease. Where there is dirt, filth, refuse, tin cans, slop, garbage and the like, there the fly is also. Many back yards and alleys of Little Rock are offensive in this particular. So are the back yards, alleys and vacant lots in every other city in the state. Look at the unsanitary piles in the rear of depots, the smaller stores and houses in the country; there you will find the same conditions—only more aggravated, perhaps—because of the lack of city ordinances and the facilities for removal of trash; but city, small town and village are alike offenders. Likely enough, with denser population, the cities would be worse than the rural districts but for ordinances which are nominally enforced,

for they cannot be rigidly enforced without co-operation by the whole community.

Herein is an inviting field for our county medical societies. Without awaiting any formal action or order of the State Board of Health it would be well for them to arouse municipal or village officials to the necessity of a clean-up order; and, not stopping at that, conduct a campaign of education among the laity. The people do not realize the dangers of unsanitary premises. Comparatively few read literature on the subject, and still fewer take seriously what they do read or hear. Then, there is the ever-present indifference to overcome. People in considering the relation between dirt and disease take practically the same view as man does of death as expressed in Young's "Night Thoughts."

"All men think all men mortal but themselves."

It is always your neighbor who is liable to fall sick by his unsanitary shortcomings.

Let the education of the people be strengthened by example; for it is shameful to say, but it is true, that in both city and country not only the rear premises but the actual offices and reception rooms of some physicians are so faulty in sanitation that even the well may become sick by visiting the office of the healer.

Let premises be cleaned and disinfected, ditches and stagnant pools be drained, garbage burned or removed daily. Give the fly no opportunity of sustenance outdoors, nor the mosquito any chance to incubate. Bar both pests from your homes by screens, and screen all food products.

*Public health is purchaseable. Within natural limitations a community can determine its own death rate.*

### AND YET ONCE AGAIN.

"Cease thy damnable iteration and begin," quoth Macbeth to the witches; but Macbeth had no Arkansas Medical Society on his hands. We have. Wherefore, brethren, although we dwelt on the subject last month and the month before, yet with iteration and reiteration we are constrained to once more harp upon the same string.

The Pulaski County Medical Society as a body and as individuals, officers and members alike, are working most energetically to make

it the greatest medical session ever held in the state—such a meeting as will put whatever city gets the next one on its mettle to even approach. It is going to be great in every way—in number and quality of the papers submitted, many of them by the foremost physicians and surgeons in the state and in the way of social and intellectual entertainment.

It is going to be such a meeting as not a member of the society can afford to miss. For this reason, and by way of appreciation of the tireless and indefatigable efforts of the local physicians, every member of the society all over the state should attend and lend his or her most hearty co-operation.

The sessions will begin on May 20, when the House of Delegates will meet and will continue in session during the entire day. The general session will begin on the following day and continue till May 23. Try to be here for the first meeting and remain till final adjournment. Elsewhere in this issue you will find a personal invitation extended by the president of the Pulaski County Medical Society to the members of every county society to come and help break all records for attendance.

The Journal desires to supplement this invitation. It is the organ of the society throughout the state—as much the organ of the furthestmost counties north, south, east and west, as of the Pulaski County. But it is published in Pulaski County. Being located here, its editor is in a position to know what is going on as a matter of fact, not hearsay, and on that basis The Journal confidently promises every tired, hard-working physician who comes to the Little Rock meeting such a cordial welcome, such a professionally profitable meeting and such pleasant social entertainment that he will return home strengthened, refreshed and stimulated for another year's work.

Let's all pull together to make the 1913 meeting a hummer.

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#### FOR THOSE WHO WRITE PAPERS.

Many excellent papers will be read at the annual meeting of the Arkansas Medical Society May 20-23. Some of them are already in course of preparation and all must be soon. As in previous years, many of them will later be published in The Journal. But

in that case they should be properly prepared. Printers are peculiar people. That is both alliterative and true. Their rule in life is to "follow copy," regardless of whether it makes sense or not. This is especially true when he is setting up medical matter; an ordinary news story is different. In that case, if the writer makes a palpable error or omission, or misuses a word, the proofreader will straighten the matter out even if the printer follows copy. He is not expected, however, to have a knowledge of medicine or medical or surgical terms, and printer and proofreader are alike justified in having the types faithfully follow the written word.

The observance of a few simple rules, however, will avert all trouble and render your manuscript acceptable.

Have the matter typewritten. If you cannot manage the keys yourself, any public stenographer will typewrite your manuscript for from ten to fifteen cents a typewritten page.

Do not send in a carbon copy, but the original. Carbon copies are rarely quite legible, but they will do for you to keep for reference if you so desire.

When you quote any person or author, be sure to begin the quotation with quotation marks and also put the same marks at the end. If the quotation occupies more than one paragraph, begin each paragraph (not each sentence) with quotation marks, but be careful to put them only at the end of each paragraph.

Be sure of your spelling. If you have any doubt, consult the dictionary. Number your pages consecutively. Do not insert a sheet, for instance, between pages 3 and 4 and mark it 3½, because if it happens to get lost the printer finding page 4 following page 3 will not know such a page as 3½ belongs there. And do not slip in loose parts of sheets or pin pieces on. The pins come out. If you find you have omitted something, write the matter on a separate sheet, then cut the original sheet and paste on the insert where it belongs.

Write "case" reports in clear style, so others may understand them thoroughly. Because you are familiar with it, do not imagine your readers can grasp the meaning with equal facility, nor leave them to guess at it. Use the right words always. Do not refer to a "case" dying or making a good recovery.

A case neither dies nor continues to live, but the "patient" is pretty sure to do one or the other.

Do not indulge in unnecessary verbiage. State the case succinctly and plainly, remembering that "Brevity is the soul of wit," and that the less space a paper takes up, the more of them can be used and the more likely they are to be read.

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PERSONAL MESSAGE FROM DR. CALDWELL, PRESIDENT PULASKI COUNTY MEDICAL SOCIETY.

The members of the Pulaski County Medical Society, collectively and individually, are looking forward to meeting you in Little Rock at the state meeting May 20-23. We will be glad to see you and shake your hand preliminary to our real efforts in your behalf for a good time.

It is the doctors who have never attended one of our meetings that I would like to urge to attend; let all who possibly can, come and join hands in professional fellowship. Come and meet your professional brother, hear what he has to say; if he is wrong, put him right. Most of us go wrong sometimes. It is better to try and fail than never to have tried.

We do not particularly ask you to come to be benefited and entertained, roasted and criticised, wined and dined, or even to be bled; but ask you to come and help us not only in number, but good will, medical spirit, medical organization, and last and greatest of all, medical knowledge.

The House of Delegates will meet Tuesday, May 20. The general session will open Wednesday morning, May 21, and continue until Friday night, when it will close with a very unique banquet.

We have many and varied other things awaiting you, and suggest that you come and see.

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STERILIZATION OF DEFECTIVE CRIMINALS.

The time will come when society will be forced to protect itself against an ever-increasing criminal population by calling it off at its source of supply, namely, by eliminating the possibility of the perpetuation of the breed of hereditary criminals. With the present alarming increase in the ratio of criminals to population, this plan seems the only solu-

tion. By slow degrees states are already beginning to adopt the sterilization plan.

We are prone to regard Vermont as an unprogressive state, but Vermont is the latest state to adopt a law providing for the sterilization of defective criminals. It passed the House by a vote of 85 to 72, with 66 members not voting. Being vetoed by the governor, it was passed over his veto in the Senate by a vote of 13 to 10, only a majority being necessary.

But greater than the surprise that the legislature should pass the measure is the surprise that Governor Fletcher should veto it—and veto it on the opinion of Attorney General Brown, who declared the bill "unjust, unwarranted, wholly inexcusable and a discrimination which ought not to be permitted under the constitution of Vermont." It is also painful to record the fact that while scientists, sociologists, representatives of medical societies—the very people who have made a study of the whole question—favored the bill, it was strenuously opposed by representatives of religious organizations.

In the way of modern thought and progress we naturally expect more from men, singled out, presumably for their attainments, to hold such offices as governor and attorney general, than we do from the average representative, most of whom are from the rural districts affording limited opportunities. It is really astounding to find an attorney general holding the narrow, sentimental view that such preventive legislation for the protection of society is "unfair, unjust and unwarranted." It is true that

"No thief e'er felt the halter draw

With good opinion of the law,"

and doubtless the victim might denounce the operation as unjust and unfair as visited on himself; but for the law officer to take that highly sentimental view would, if pursued to its logical conclusion, lead us to believe that the imprisonment or execution of the criminal is unjust and unfair.

It is almost equally surprising to find church organizations opposing the law, for the battle of the church is directed against sin. Misguided churchmen (we do not say the church) have from the beginning of the Christian era opposed many advances of civilization, and now we find it opposing what the most enlightened opinion demands. Let us not blame true religion; but it is unfortu-

nate for the church at large that individual interpreters of its doctrines should so often and persistently be on the wrong side in matters essential to progress. The command of the Creator to multiply and replenish the earth is not to be taken so literally as to be wholly indiscriminate in its application—else why put any conventional checks, such as marriage conventions on the multiplying? If biblical warrant be needed for the protection of society against the encroachments of hereditary and defective criminality, it can be found in that other behest, “If thine eye offend thee, pluck it out,” etc.

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### Editorial Clippings.

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#### THE PRESENT POSITION OF SALVARSAN.

The Lancet gives the following editorial review of this subject:

On the first introduction of a new drug it is by no means easy to express a decided opinion as to its merits, especially when the disease for which it is employed is liable to reappear many months and years after apparently it has been cured. Of all diseases with which we are acquainted syphilis is probably the one about which it is most difficult to be certain that a permanent cure has been effected; for after intervals which may be often measured by years some manifestation may appear showing clearly that the virus has been latent in the body during the lengthy interval. Therefore when a new remedy is brought forward as more capable of effecting a complete and permanent cure of syphilis than was possible or at least easy by any other method, it is only natural that some of those who had many years' experience in the treatment of the disease should look askance at a remedy for which so great a claim was made; for by means of mercury judiciously, perseveringly and thoroughly administered results of the very greatest value have been obtained. It is difficult to forsake a tried remedy for a new drug. Now sufficient time has elapsed since the introduction of salvarsan for us to form some idea as to its value and its risks; it is, however, not yet possible to make any dogmatic statement as to the position which the remedy

will hold in the future—whether in, say, ten years' time it will be widely used or whether it will have lost much of its present popularity. That salvarsan has a great power against *treponema pallidum* is beyond dispute, but the occurrence of a number of fatal cases has shown that it is by no means free from danger; we are, perhaps, in a position to inquire whether these deaths are a necessary accompaniment of the administration of the drug, or whether they, or most of them, might have been avoided by greater attention to the method and details of administration.

It must not be forgotten that salvarsan was not a natural substance employed empirically, but a substance obtained as the result of a long series of experiments conducted on the most modern scientific lines. The problem which Ehrlich set himself was to find a substance which should prove inimical to the *treponema*, while at the same time it should damage to the least possible extent the normal tissues of the body. His object was to obtain a substance which could completely destroy all the organisms of the disease with one injection, and yet should not harm the host. Whether salvarsan is capable of effecting this cannot yet be said to be proved, but it is at least certain that it has a very great influence on the *treponema* and that the manifestations of the disease respond as a rule very readily to it. The amount of evidence both as to the merits and the risks of the drug is now voluminous, and a reference to the indexes of the Lancet for last year will show that it has devoted a large space to papers on this subject, and this has been done because it has felt the great importance of the matter. For a final judgment we must wait for some years, but it is at least possible at present from the materials in our possession to express an opinion on the value and risks of the drug.

All those who have had much experience in the use of salvarsan are agreed that it is capable of causing the rapid disappearance of syphilitic manifestations; it is true that some lesions seem to be more amenable to its influence than others, but in nearly all cases the action is rapid and effective. In fact, more observers are of the opinion that it is more rapid and more effective than is the action of its main competitor, mercury.

It is true that there are some clinicians who decline to acknowledge that the efficacy of the drug is great, but they are comparatively few in number. The point of the controversy now is the question of the risk attendant on the use of the drug. At first the risk was said to be very small, but at that time it was employed by but a few surgeons, and it was administered with the greatest care, while since the use of salvarsan has spread widely it has been employed much more freely; and it must not be forgotten that the dose has been increased, while in many cases it has been thought necessary to administer a second dose.

That the drug can cause death is certain, and by now a large number of fatal cases have been published. In some of the earlier deaths the fatal results appeared to be due in part at least to the fact that the drug had been administered to patients who were almost moribund, but that explanation cannot be allowed in most of the more recent deaths. In the last issue of the *Lancet* a letter was published in which were collected together a large number of recently reported fatal cases after the injection of salvarsan, and the list is sufficient to make us consider with great care the risks of the drug. As to some of the cases it is possible to suggest the cause of the fatal result. It appears that in two of the cases mentioned the full dose of 0.6 gramme was repeated after a very brief interval; in one case the interval was only three days, and in the other it was a week. Now it has not yet been shown that there is any anaphylaxis with salvarsan, but whether there be or not, it is, to say the least, very unwise to inject so large a quantity of the drug as 1.2 grammes within three days or even a week. It may be answered that it has been done with impunity, but such a dose is extremely large, and the fatal result is not strange. This is pointed out in the columns of the *Lancet* of this issue by Dr. G. S. Stopford-Taylor and Dr. R. W. Mackenna. It may be necessary to repeat the dose in some cases, but it is certainly advisable that an interval of greater length than a week should be allowed to elapse between the two injections. In some of the fatal cases in which only a single dose has been given the symptoms had pointed to the presence of a meningitis, and they had arisen within a few days of

the injection, and in others nephritis had occurred. These are evidently the direct effects of the drug.

It is of interest in such fatalities to know whether the solution was filtered before it was injected intravenously, for it is easy to see that minute solid particles of the drug might have a harmful effect that would not be produced by a solution. It is very desirable that in reports of cases in which severe symptoms or a fatal result have occurred the fullest particulars should be given of the mode of administration, especially as so many different methods are now employed. There is a further point that is worthy of consideration, and that is the relative frequency of fatalities. By now the drug has probably been given in one way or another in more than 100,000 cases, but we have no evidence as to the proportion of fatal results, though a few surgeons have published the statistics of their own cases.

The present position of the matter is that salvarsan has been proved to be a powerful antisyphilitic agent, that in a large proportion of the cases in which it has been given it has produced no harmful symptoms, but that in a small number of cases severe symptoms have appeared, and in some cases a fatal result has followed. There is evidence to show that in some of these fatal cases at least the death has been due to the too early repetition of the dose, and in other cases probably some error in the mode of administration had been committed. It is clear that the drug has a very definite value, but it is equally clear that its administration needs the greatest care. It is not improbable that a certain amount of selection of cases will be necessary if the best results are to be obtained, but at present it is hardly possible to say what cases should be excluded from the treatment, though there is some reason to think that nephritis is a contradiction to the administration.—The Therapeutic Gazette.

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### Personals and News Items.

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Dr. F. T. Murphy and family of Brinkley visited Little Rock last month.

Dr. H. H. Niehuss of Fort Smith visited El Dorado last month.

Dr. J. W. Meek of Camden spent several days in Little Rock last month.

Dr. and Mrs. C. P. Meriwether of Little Rock recently spent a day at Booneville, visiting the Arkansas Tuberculosis Sanatorium.

Dr. Geo. S. Brown of Conway visited Little Rock last month. He will leave soon for New York City for post-graduate study.

Dr. L. D. Reagan of Little Rock has returned from a week's sojourn at McNeil, where he visited friends.

Dr. Robinson Bosworth, superintendent of the Arkansas Tuberculosis Sanatorium, at Booneville, has returned from New York City.

Dr. G. W. Fletcher of Tillar has returned from New Orleans, where he has been attending the post-graduate clinics.

Dr. W. A. Snodgrass of Little Rock, councilor, Eighth district, attended a meeting of the Faulkner County Medical Society, March 20, at Conway.

Dr. T. B. Bradford and Dr. A. E. Campbell, district directors of sanitation, State Board of Health, visited Little Rock last month.

Dr. J. P. Runyan of Little Rock visited Hot Springs and Pine Bluff last month.

Dr. Robert Caldwell of Little Rock recently visited friends at Crossett.

Dr. Lillian H. South of Bowling Green, Ky., delivered an address on "Prevention of Disease" at Hot Springs, April 8, before the annual meeting of the Federation of Women's Clubs.

Arkansas physicians visiting Little Rock during the past month were: L. E. Love, Dardanelle; F. O. Mahoney, Huttig; O. Howton, Osceola; S. E. Thompson, El Dorado; A. M. Lowe, B. F. Jungkind and W. H. Abington, Beebe; E. T. Bramlitt, Malvern, and W. A. Clark, Bald Knob.

The secretary of the State Medical Board announces that their next meeting will be held May 13-14, at Little Rock.

#### REDUCED RATES TO LITTLE ROCK.

Dr. C. P. Meriwether, secretary of the Arkansas Medical Society, announces that all railroads in Arkansas will make a rate of one and one-third fare on account of our

annual meeting, May 20-23. Tickets will be on sale May 19-21. The final return limit is May 25.

#### AMENDMENTS.

To the constitution and by-laws, offered at the Hot Springs meeting, to be presented at the next meeting in Little Rock, May, 1913, for adoption or rejection:

That Section 13, Chapter IX, of the by-laws be amended to read by inserting the words "on or before March 1 of each year," instead of "thirty days before the annual session."

That Section 14 of the same chapter be amended to read "thirty days," instead of "ten days."

Amendment to Section 5, Chapter V, of the by-laws: In addition to the section as it stands, the following shall be added: "No member shall be eligible to any office of this society who is not in attendance at the meeting at which the election is held."

"Be it Resolved, To amend Section 11 of Chapter IX of the by-laws to read as follows: 'Section 11. At a meeting on the second Tuesday of December of each year, each county shall elect its officers and a delegate or delegates,' etc."

"Be it Resolved, That Section 2, Article IX, of the constitution be amended to read as follows (following first sentence): 'The terms of the councilors shall be for three years, those first elected serving one year, two and three years, as may be arranged, so that after the first year three councilors shall be elected, after the second year three, and after the third year four, each to serve three years from his election.'"

"Be it Resolved, That Section 5, Chapter IX, of the by-laws be amended to read as follows: 'Section 5. (Following first paragraph of section.) Undergraduates possessing the other qualifications of membership may become members of the county society by complying with the following requirements:

"They shall apply to the president and secretary of their county society for membership. This application to be accompanied by a certificate of good character from the citizens of the applicant's community. This application is to be sent by the secretary of the county society, with accompanying cer-

tificate of character and suitable recommendation to a Board of Censors of the Arkansas Medical Society. This application shall be passed upon by this Board of Censors and returned to the county society with suitable recommendation as to its acceptance or rejection, after which it shall take the usual course of applications of graduates by being submitted to the vote of the county society and any other requirements.

"The action of the Board of Censors is not to be mandatory, but wholly advisory, and is merely an aid to protect the county society from undesirable members.

"Members coming in under this ruling shall be entitled to all the rights and privileges of all other members in both state and county societies, except that of holding office in the State Council."

#### THE FOURTH DISTRICT MEDICAL SOCIETY MEETS—MANY INTERESTING PAPERS ARE READ AT McGEHEE SESSION.

McGehee, March 22.—The Fourth District Medical Society of Arkansas met here at the city hall in quarterly convention yesterday and carried out one of the most extensive programs in the history of the society. There was a large attendance from different parts of the district here and many papers were read and discussed. Dr. W. A. Brown, Monticello, president; Dr. J. W. Pipkin, Tillar, vice president; Dr. H. T. Smith of the local organization, secretary and treasurer, were all present and on duty.

The program: "Tonsil Surgery," Dr. William Breathitt, Pine Bluff; "Pathology and Dentition," Dr. A. Isom, Dumas; "Intestinal Catarrh," Dr. J. W. Pipkin, Tillar; "Report of Cases," Dr. E. P. McGehee, Lake Village; "The Medical Profession Responsible for Its Own Ills," Dr. E. E. Bartholomew. Each paper was discussed at length by all doctors present. A resolution was drafted to be presented for adoption at the next regular meeting memorializing the regular session of the Arkansas Medical Association to compel every member of the different local associations to attend their meetings at least once during each year.

The association adjourned to meet at Lake Village June 19. A regular three-course luncheon was spread at the Greystone Hotel.—Gazette.

#### MEMBERSHIP IN THE AMERICAN MEDICAL ASSOCIATION.

##### The Proposed Change in Name.

George H. Simmons, M. D., LL. D.,  
Chicago.

Explanatory Note.—This abstract of an address before the Conference of State Secretaries is republished from the American Medical Association bulletin of November 15, 1912, on the request of the Judicial Council. The House of Delegates referred the report of the committee to formulate amendments to the constitution and by-laws to extend membership, presented at the 1912 session (Journal, June 15, 1912, p. 1899) to the Judicial Council with power to confer with constituent associations. The Council, after careful consideration, endorses the proposed change and takes this means of bringing the subject to the constituent associations as well as directing it to the attention of the members.

I have been asked to discuss the present conditions of membership in the American Medical Association and the proposed change, which has been under discussion recently. While this is not directly related to the object of this conference, the discussion of uniform regulation of state membership, it is so closely connected with it that I cannot refuse to take advantage of the opportunity of discussing the question before such a large representation of state secretaries.

To get a clear understanding of what the present term "members" of the American Medical Association means, it is necessary to go back a little in the history of the association.

The American Medical Association always has been a delegated body; only "delegates" ever had a right to take part in its proceedings.

"Permanent members" was a term originally applied to those delegates who connected themselves permanently with the association after they had served as delegates. "Permanent members," however, had no rights except those of attending the meetings and taking part in the scientific work. In 1883 The Journal was started and the following year, for the purpose of increasing the circulation of The Journal, there was created another class: "Members by Application." A member of any so-called affiliated society could become a "member by application" simply by making application for membership and paying the annual dues. The difference between "members by application" and "permanent members" was that the latter had been delegates, whereas the former became members simply by making application. Neither "permanent members" nor "members by application" had vote or voice in business meetings.

#### Membership in the A. M. A. Today on the Same Basis as the Former "Members by Application."

Briefly, we have the following situation:

1. The voting membership of the organization is the combined membership of all the 2,000 (more or less) component county societies, amounting approximately to 70,000 members. These elect the delegates to the House of Delegates of the state associations; they in turn elect the delegates who form the House of Delegates of the American Medical Association. Before 1901 the delegates to the American Medical Association were elected, or appointed, by the "affiliated" societies, which

included local, district and state societies. Since 1901, that is, since the reorganization, the delegates to the national body are elected not by local, district and state societies, but by the state societies alone.

2. The so-called "members of the American Medical Association" are the direct successors of the old "members by application." By their payment of dues and their subscriptions to The Journal, they were and are today the supporting or contributing group of the members of the organization.

3. The House of Delegates is composed of approximately 150 members, who are elected by the various state Houses of Delegates, which are in turn composed of delegates elected by the members

The membership of the American Medical Association, at present 36,822, is an inner circle of the membership of county societies, while the House of Delegates is a still smaller circle composed of those who have been elected to represent the members of the organization of the whole country.

Now, the situation itself is perfectly logical and is in every way to be commended. The trouble is that we have not named our groups accurately. Those whom we now call "members of the American Medical Association" are really those members of the organization who, in addition to supporting their county and state associations, also contribute to the support of the American Medical Association, while for the actual membership of 70,000 members we have no distinctive name.

## The Present Situation



Chart 1

of the component county societies. The House of Delegates of the American Medical Association, therefore, is created by, and represents the combined membership of all the county societies of all the states; it is not elected by, nor does it represent, the present "members of the American Medical Association" as such; it never has.

The result is that we have two classes which could be called members. First, the actual, logical memberships of 70,000, usually designated as "the membership of the organization." Second, the 36,822 contributing or supporting members, who are designated as "members," although these "members of the American Medical Association" have no more privileges than have all members of the organization, except the right to take part in section work. This present situation I have had shown on the accompanying chart (Chart 1).

The change that has been proposed is not a change in condition at all. It is simply a change in name. It is proposed to designate the 70,000 members included in the large outer circle (Chart 2) as "members of the American Medical Association," which they really are and always have been, while those included in the inner circle (that is, those members in good standing of their county and state societies, who also pay \$5.00 a year to support the work of the American Medical Association) are to be called "fellows of the American Medical Association" instead of "members." This will make no change in the membership standing or relations of any man. If this suggestion is adopted, all members in good standing in their state organizations will be designated as "members of the American Medical Association," while those members who contribute \$5.00 a year to support

the work of the association will be designated as "fellows of the American Medical Association." In other words, those who are now known as "members" of the American Medical Association will be known as "fellows" of the American Medical Association, while the term "members" will be applied to the entire, combined membership of the component county societies of the whole country.

This plan has several advantages. In the first place, it will give us a name for the entire membership of the organization, which we have never had before. Before 1901 they were referred to as members of "affiliated" societies, and since then they have been called, for lack of a distinctive name, "members of the organization." An-

association also has labored under the disadvantage, ever since its reorganization, that there has been no name by which to designate the actual voting membership, because the term "members" had been applied to the supporting body. The proposed change simply recognizes this fact, designating as "members" those who really are members, and designating the supporting members as "fellows."

I have already given some reasons for making the change, but there is another and more important; in fact, it is the paramount reason. Up to the present time the members of the organization have not realized that they are, in reality, members of the American Medical Association. They regard the American Medical Association as something

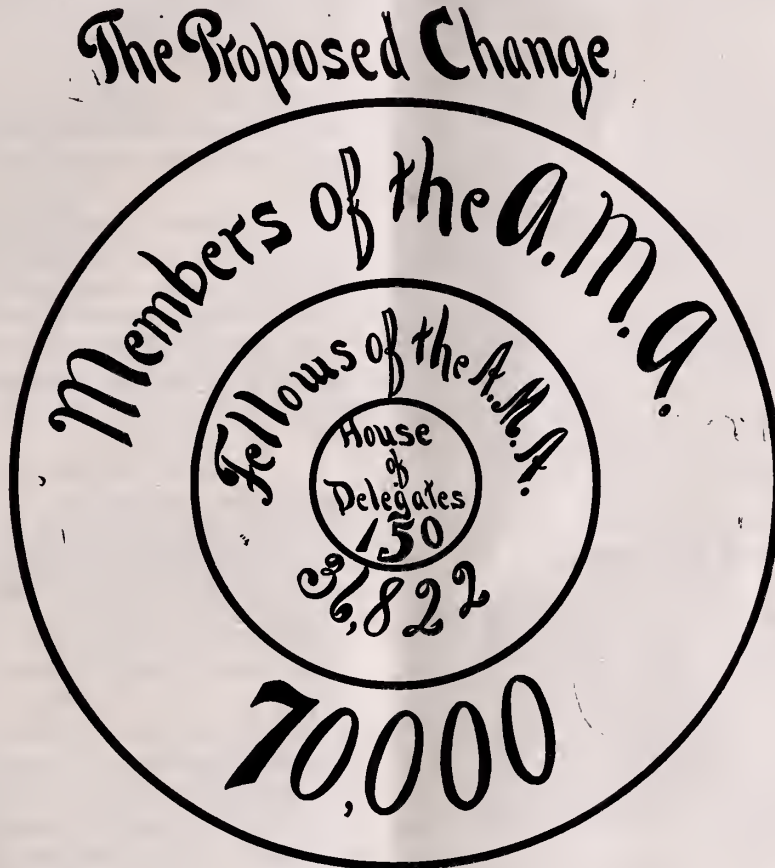


Chart 2

other advantage will be that it will make clear that the voting power lies with the 70,000 members and not with the 36,822 "fellows." When this plan was first proposed, some got the impression that the intention was to compel the 70,000 members of the county societies to become "supporting members" of the American Medical Association, as the term is now understood. This, of course, would be a ridiculous proposition. The proposed change contemplates leaving membership conditions exactly as they are; it contemplates changing the name, and not the relation.

One great disadvantage prior to the reorganization of the American Medical Association in 1901 was the fact that we had no name by which to designate the delegates. As soon as the name "House of Delegates" was adopted, then the function of the delegates became clear at once. The

entirely apart from them, something in which they have no interest. These members of the organization are, through their elected representatives, responsible for what the American Medical Association is doing, or what it ought to do and is not doing; but they do not realize this, hence they are not interested. They do not appreciate that the House of Delegates of the American Medical Association, which they elect, is the body that is doing the work through the officers, trustees, councils, etc., which they, through their representatives in the House of Delegates of the American Medical Association, select. While only a change in name, I think the subject is of the utmost importance. I hope that all of you will look into it carefully, so as to understand exactly what is intended, and then will explain it to your members at the first opportunity.

## Died.

**Shibley**—At Rochester, Minn., March 26, 1913, Dr. Joseph S. Shibley of Paris, Ark., aged seventy-one years.

Following the close of the Civil War, Dr. Shibley removed from Missouri to Logan County, Arkansas, where he practiced medicine for a quarter of a century. He was one of the leaders in the movement to have the state establish a tuberculosis sanatorium and was rewarded with the superintendency of the institution, following its installation.

His wife died one year ago, and he never recovered from the shock. He resigned his position with the sanatorium last fall, principally because of failing health and dependency.

On January 28, 1913, Dr. Shibley was elected president of the Arkansas Society for the Study and Prevention of Tuberculosis—a movement that had always interested him.

Dr. Shibley graduated from the Medical Department of the University of Nashville in 1870. He was always an active member of the Arkansas Medical Society, a regular attendant at its meetings, and frequently contributed to the scientific sessions.

## Book Reviews.

**Keen's Surgery, Volume VI—The Volume with the Newest Surgery.**—By eighty-one eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S. (England and Edinburgh), emeritus professor of the principles of surgery and of clinical surgery, Jefferson Medical College, Philadelphia. Octavo of 1,177 pages, with 519 illustrations, 22 in colors. Philadelphia and London: W. B. Saunders Company, 1913. Entire work, consisting of six volumes, per volume—Cloth, \$7.00 net; half morocco, \$8.00 net.

After carefully reviewing the new sixth volume of Keen's Surgery, I think by the addition of this volume to the set of five volumes previously issued it makes the most complete work on surgery in print today. All the good, practical points in surgery have been brought out without unnecessary tiresome details, and well-known facts repeated in the additional volume to "Keen's System." It makes it the last word in a practical, comprehensive treatise on surgery. No up-to-date

surgeon can afford to be without the "Sixth Volume of Keen's Surgery."—W. A. S.

**Men, Manners and Medicine.**—By Medicus Peregrinus, author of *Litora Aliena*. Octavo, uncut edges, in heavy paper cover. Price, postpaid, \$1.00. W. M. Leonard, publisher, 101 Tremont street, Boston, Mass.

The essays and sketches which make up this collection originally appeared from time to time in the columns of the Boston Medical and Surgical Journal. They represent the observation of a doctor, from his professional point of view, on men and books and other phenomena, especially in relation to medicine. The reader may be not only entertained, but instructed, as he realizes how abundantly the doctor's life affords special opportunities for contact with larger interests outside the day's work.

### TABLE OF CONTENTS.

Men, manners and medicine; three American men of letters; some aspects of the doctor; some modern aspects of heredity and evolution; Homeric physicians; the sacrifice to Asklepios; Arthurian physicians; some aspects of modern life; four English men of letters; the doctor's year.

**Medical Men and the Law.**—A modern treatise on the legal rights, duties and liabilities of physicians and surgeons. By Hugh Emmett Culbertson, Esq., member of the Ohio and New York bars; contributing editor to many legal publications. Octavo, 325 pages. Cloth, \$3.00 net. Lea & Febiger, publishers, Philadelphia and New York, 1913.

This unique work touches the personal interests of every physician and surgeon, and also of every practitioner in any branch of the art of healing. It deals with the duties, rights and liabilities of the professional man toward the public as settled by law, and also the legal relations of the regular profession to practitioners of the many schools of healing now in vogue, as well as the status of such healers in the eyes of the law. It behooves every medical man to know the multitude of points in which his relations to the public and his fellow-practitioners are subject to a well-settled body of law, to the end that he may avoid unexpected trouble on the one hand, and know his rights and powers on the other. It is an unusually serviceable book.

# THE JOURNAL

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WILLIAM R. BATHURST, M. D., *Editor*

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This is the official Journal of the Arkansas Medical Society. All communications should be addressed to the Journal of the Arkansas Medical Society, State Bank Building, Little Rock, Ark.

### Original Articles.

#### THE EARLY DIAGNOSIS OF TUBERCULOSIS AND ITS MANAGEMENT AMONG THE POOR.\*

By S. E. Thompson, M. D.,  
El Dorado.

If tuberculosis is to be recognized in its earlier stages at the time when it is the most curable of all chronic diseases, the family physician must make the diagnosis. If we are to save the multitude of lives now needlessly sacrificed to delay, we must not wait until an advanced stage of the disease enables the laymen to recognize its earmarks quite as readily as the experts. If in the future, as in the past, the definite determination of the presence of an incipient tubercular infection must be delayed until an expert microscopist and bacteriologist shall have made the diagnosis, the loss of life from tuberculosis will continue indefinitely. For after a certain stage has been reached in the progress of the disease, though palliation may be had and life perhaps be pro-

longed, yet the irreparable damage done to the tissues of the body and to the recuperative powers of the patient's system may at that advanced stage forbid the hope of ever regaining complete health.

Hippocrates in the fifth century before Christ described tuberculosis and taught that no case ever recovered. At that time his prognosis was correct. The diagnosis was made at the bedside after the patient was too near dead to be up and that class of cases is fatal today. He taught that consumption was due to a subtle poison, generated in and borne on the wings of the morning to the unfortunate victim.

Galen in the second century after Christ painted with a more artistic hand, the picture of tuberculosis among the Romans. The Romans got their information and probably the disease from the Greeks. From Galen's day to practically modern times, the story of the disease has been much the same. By the time the doctor pronounced a patient tubercular, any layman could tell it. He was pale in feature and wasted in form. His strength and vigor were gone. His cough was continuous and uncontrollable. His expectoration was profuse. The glow on his cheek reflected the burning fire

\*Read before the Union County Medical Society, April, 1913.

within. The prognosis of Hippocrates and Galen was correct and remained so for many centuries.

Fifty years ago the teachers of medicine in France and Germany began to suspect that tuberculosis was a germ disease and infectious. The best students of that day were giving their time, energy and brain power to the investigation of this dreaded disease.

Thirty years ago the immortal Koch gave to the world the information that today makes tuberculosis not only a curable, but a preventable disease. He introduced the medical world to the tubercle bacilli. Then it was that we really began to make progress in dealing with this disease.

The discovery of the tubercle bacilli with the aid of the microscope enabled us to make a comparatively early diagnosis. But today we know that the microscopic diagnosis is too late. If we wait until the lung tissue begins to break down, and in this way eliminate the germs which give us the means of microscopic diagnosis, we have permitted our patient to lose forty per cent of his chances for recovery compared to what he had at the beginning of his infection.

The early diagnosis of tuberculosis, while comparatively easy, is frequently overlooked because the early manifestations of the disease are stimulated by the symptoms of so many ordinary disorders, such as grippe, malaria and typhoid fever. The first subjective symptom of tuberculosis, slight digestive disturbances, a tired feeling without sufficient exercise to produce it, loss of energy, slight loss of weight, a morning subnormal temperature, with slight elevation of from one-fifth to three-fifths in the afternoon, loss of relish for food, and the general impression that all is not well with him physically, is sufficient, or should be, to lead any doctor to a most thorough investigation. The intelligent use of the fever thermometer is sufficient to make all but a positive diagnosis. Where there is persistent morning subnormal temperature, with or without the slight afternoon elevation, the presumption of tuberculosis is strong indeed.

With these symptoms before us, what further examination shall we make? Examine the lungs carefully with a stethoscope. We may get fine crackling rales or heavier wet rales; we may get increased voice sounds

over certain area. We may get the cog wheel respiration. There will be a slight prolongation in expiration. I am presuming the patient has an infection of not more than a month's duration. With the above subjective and objective symptoms, are we to be satisfied with our diagnosis? By no means. But what else can we do to further confirm our diagnosis and better satisfy our own minds? Or suppose he has the above subjective symptoms and the examination of the lungs is negative. Shall we tell him he has no tuberculosis? No. With the subjective symptoms referred to, no diagnosis can be justified until tuberculosis has been excluded.

At this point in our case we resort to the Von Pirquet test, which, in my judgment, has done more toward enabling us to make and confirm a positive diagnosis in tuberculosis at a stage when it is most curable than any other discovery we may have. Von Pirquet, in an article written in 1909 and published in *The Journal of A. M. A.*, gives the following description:

"My method of applying the test is as follows: The skin of the fore arm is scrubbed with ether; then two drops of undiluted old tuberculin are dropped about four inches distant from each other. Then with a vaccinating lancet, the point of which has the form of a small chisel, a superficial circular scarification is made between the two drops. Finally the same scarification is made inside the two drops; a few fibers of cotton are put on the two drops so they will not flow. After five minutes the cotton is taken off. No dressing is applied. The papule is examined after twenty-four hours and forty-eight hours. It is considered as positive when the tuberculin scarifications are clearly different from the control places, but the inflammatory reactive area must measure one-sixth of an inch.

"My cutaneous method has the advantage over the injection of tuberculin in that it does not produce any general symptoms. It has the advantage over the ophthalmic reaction of producing entirely harmless inflammatory efflorescences on the skin and over the percutaneous application of tuberculin, that it can be carried out more quickly and more uniformly. It is, however, not as sensitive as the stitch reaction (needle puncture reaction) of Koch's subcutaneous injection,

and does not produce inflammatory phenomena of the tuberculous foci.

"During the last year and a half I have made a cutaneous test on all the children who were admitted to the children's clinic of Prof. Escherich of Vienna. Nearly half of these children were repeatedly examined, and in the many instances the results were controlled by subcutaneous injection of tuberculin. Two hundred subjects were examined post mortem. In the first year of life nearly all reacting patients presented clinical symptoms of the disease. In the succeeding years we see that the number presenting positive reaction far exceeds the number presenting clinical symptoms; in other words, that latent tuberculosis becomes more frequent in succeeding years. In cases presenting clinical evidence of tuberculosis, the reaction is positive in almost all cases after twenty-four hours; whereas in latent tuberculosis, especially in older children, we see that about half of the patients react only after some days (this I have termed torpid reaction) and some react only to a second test (secondary reaction). These two forms of reaction include, also, cases in which the cutaneous test was negative; but hypodermic injection of tuberculin proved positive. These three kinds of reaction have this in common: That a slight reactivity against tuberculin often exists, which is too weak to be evidenced immediately, but which is aroused after the first application.

"What does this form of reaction mean? One can say with some certainty that it generally means a slight and old tuberculin infection which is in the process of healing. Up to the present time I have not had a sufficient number of post mortems to prove this point absolutely. But the following reasons speak for the validity of this view:

First, at autopsies, secondary or torpid reaction were found to have been produced by slight and old tubercles; second, fresh and clinically manifest tuberculosis does not show this form of reaction; third, the increase of these secondary reactions from year to year corresponds to the percentage of that shown by Dr. Hamburger for the frequency of healed tubercles found at autopsies in children who died from other causes; and fourth, we have a similar delay in the development of the local phenomena in vaccination with cowpox, in cases in which

a long time has elapsed after the previous vaccination.

"We know from the various study of antibodies that in an organism which has once formed antibodies and lost them, a slight reinfection, or a second injection with the same poison, quickly stimulates a new and strong formation of antibodies. In a similar manner, if a person with a latent or healed tuberculosis, is again infected with tubercle bacilli, or, if he absorbs even a minimum amount of tuberculin (by cutaneous test), he again forms antibodies and shows some days or a week later a high reactivity. A high reactivity does not prove the existence of an active tubercular process in the sense that the tuberculosis is progressive. It only proves that the organism has recently come in contact with tubercle bacilli or their poison."

The extensive quotation from Von Pirquet is given that you may get the idea in full.

Simply stated, I make the test as follows: Cleanse the arm or fore arm with alcohol. Make three small circular scarifications about two inches apart. On the middle one place a drop of normal saline solution; on each of the others place a drop of the old tuberculin. Let it stand for five minutes and touch with a piece of cotton to remove excess. The original old tuberculin of Koch should be used. If the reaction is positive the scarifications on which the tuberculin was placed will show inflammatory manifestations. If negative, all these scarifications will give the same appearance.

The most ideal way to handle indigents infected with tuberculosis would be for each county to provide bungalows for the care of from five to ten patients and put them under the supervision of a capable physician, one skilled in the management of such work. This could be done by legislation, and the cost would not be great. In my judgment, the results secured in this way would be equal to, or greater, than such patients would get from a state sanatorium. They would be near their homes, families and friends, and free from anxiety and home sickness. If this cannot be accomplished, the next best thing to do is to so interest every physician that he will feel impelled to prepare himself by developing his knowledge of tuberculosis and its treatment to the point that he can render his tuberculosis pa-

tients the best possible service and advice. It requires education, and the doctor should be the first to graduate and then impart his knowledge to his patrons. It is a most regrettable fact that very few physicians indeed know but little of tuberculosis and its treatment.

Another advantageous arrangement would be to provide Health Day Service, to be observed annually. A lecture in every church to be delivered by some capable physician would be of untold value in the way of instructing the people how to prevent and get well of tuberculosis. Health Day is observed in some states, and in every city, town, hamlet and cross-road church a lecture should be given on tuberculosis. If tuberculosis is either prevented or cured, it must be by education, first, of the doctors and then of the people. I am free to confess that my limited knowledge of tuberculosis has been gained within the past two years. Up to that time the laymen could diagnose it almost as readily as I could, and my treatment previous to that time is today by experts considered fatal.

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#### SIGNIFICANCE OF URINALYSIS IN PREGNANCY.\*

By J. C. Cunningham, M. D.,  
Little Rock.

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I do not know whether under our modern custom and mode of dress there is developing an unnatural type of woman in our large cities; but when we consider the great maternal mortality and the greater invalidism, to say nothing of the enormous fetal mortality, we must conclude that there is something in the statement which we so often hear that obstetrics has fallen far behind in the onward march of progress that is exemplified in the great advancement made in medicine and surgery.

While the attitude of the profession toward pregnant women has changed somewhat, there still remains much to be desired. Too many of us still cling to the old idea that most irregularities of pregnancy are normal because they accompany a physiological process, and because they are so

common; and we have unconsciously educated the laity to believe the same way. The pregnant woman has come to believe that the morning sickness, though quite distressing, and the nervous instability, muddy or pallid complexion of the skin, lassitude and somnolence are but the natural symptoms of pregnancy, and thinks there is no need to consult her physician about them.

There is throughout nature a universal lethal influence connected with the reproduction of species. Plants wither and die when the seed mature; in some insects ovulation is followed by death, and in the higher animals there is at least a lowered vitality and a certain amount of mortality.

This being true, then, we, as physicians, should regard every pregnant woman as a patient and watch her and guard her throughout the period as we do our other patients. In this way we can do far more than is generally recognized to reduce maternal and fetal mortality and the maternal invalidism. The closer we watch these patients, the more we will realize that the study of the toxemia of pregnancy presents one of the most important problems of obstetrics. We are quite familiar with the pathology of the toxemia, but of the exact cause or causes much remains to be revealed.

We all agree that the successful treatment of these conditions depends upon their early recognition; and as we can get the earliest warning from a study of the urine, I want to impress upon you the value of a more thorough urinalysis than has been the custom in the past.

Albumin and casts in the urine of pregnant women indicate that the organ has given way, and treatment instituted only after these findings is, to say the least, too late to be of the same value that it might have been had the condition been recognized and the treatment instituted earlier.

Williams asserts that from the proper analysis of the urine, we can determine whether a given case of persistent vomiting of pregnancy is purely reflex, of neurotic origin, or due to a true toxemia. Also, that it enables us to determine whether a pre-eclamptic state is due to a toxemia or to a nephritis, and whether a case of eclampsia is of toxic or nephritic origin. And, right here, I want to call your attention to the fact that a pre-eclamptic state and the im-

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\*Read in the Section on Obstetrics and Gynecology of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

pending convulsion may be indicated by the blood pressure.

The taking of the blood pressure on women in the last two months of pregnancy has shown that the average is 118 mm. of Hg., and that any increase of thirty mm. or over should be the signal for investigation when it occurs either in the later months of pregnancy or during the puerperal period. We know that in eclampsia the blood pressure almost invariably is high, in many cases showing a pressure of 200 mm. or over during the convulsion. We certainly should take advantage of this warning sign.

I spoke a moment ago on the pathology of toxemias being fairly well known, and it may not be amiss here to review briefly the anatomical alterations which occur in the liver, kidneys and spleen.

**Liver.**—Lesions of this organ are constantly present and exhibit great irregularity in extent and severity. They are either degenerative or necrotic, the rule being that the latter succeeds the former; we may encounter extensive areas of degeneration without necrosis. Conversely, we may see necrosis resulting from isolated foci of degeneration.

In the liver of pregnancy a certain degree of fatty metamorphosis is the rule, and from these insignificant changes may frequently occur a steady increase in intensity and severity until acute parenchymatous hepatitis is reached. This parenchymatous hepatitis consists of acute fatty degeneration, plus proliferation of the inter-lobular connective tissue. In like manner necrosis may develop in foci of fatty degeneration and may occur in increasing severity until it culminates in acute yellow liver of the liver. Whenever the necrosis reaches a certain stage the blood vessels become involved and hemorrhages and thromboses may result. The most severe lesions of the liver are partly degenerative and partly necrotic. As we can readily understand the size and appearance of the liver in acute toxemia may vary greatly. The organ may exhibit acute parenchymatous hepatitis with no diminution in size, while, on the other hand, the necrotic element is so marked that the size may be reduced to a third of the normal. Even in the midst of the most extensive destruction there is evidence of at-

tempted regeneration. This should indicate to us the necessity for the institution of early treatment. It also shows us that our results will depend on whether the liver has reached such a state of destruction that regeneration cannot take place.

**Kidneys.**—The appearance of the kidneys is very irregular. Not only does the specific kidney of pregnancy occur under a variety of forms, but it may be complicated with nephritis. It is generally recognized that kidney of pregnancy is an acute fatty infiltration of this organ which does not compromise its integrity, and will, as a rule, disappear immediately after delivery. Another rather acute toxemia of pregnancy is found to be associated with acute parenchymatous nephritis. The connection of such lesion with specific kidney of pregnancy is a matter of speculation.

**Spleen.**—In acute toxemias of pregnancy associated with hepatitis and necrosis of the liver, the spleen may seem involved. Other organs may be affected, but I shall not consume the time to take up the pathology here.

Let us now refer to the urinalysis. I shall endeavor to show the value and importance of a more thorough analysis than it has been customary to make in the past. In a great many experiments made by several reliable investigators, it was shown that the urine normal in pregnancy must not be persistently low in quantity. It should not contain albumen, sugar or excess of indican. It is claimed by these investigators that the total amount of nitrogen should contain the proper amount of nitrogen bands, especially urea nitrogen and ammonia nitrogen, which should be normally seventy-five and five per cent, respectively. It is alleged by them that any increase over five per cent of ammonia nitrogen is an indication of toxemia; that in cases suffering from acute toxemia of pregnancy the ammonia nitrogen which is as high as twenty per cent, and as the case recovers it gradually settles down to the normal five per cent.

They also demonstrated that in cases of nephritis this change does occur; also that it does not occur in cases of neurotic origin. If this be true, then we can readily determine whether a case is true toxemia or a nephritis, and it is very apparent that we could give a better prognosis with this understanding. Some authors fail to give so

much weight to this percentage of ammonia nitrogen; but if it tells us nothing else, it certainly shows us that there is a disturbance of metabolism, and where it is ascertained an eliminative treatment should certainly be instituted forthwith. In all suspicious cases we should certainly make this nitrogen computation in addition to our examination for albumen casts and excess of indican.

**Note.**—At the conclusion of his essay, Dr. Cunningham reported orally several cases in which the urinalysis had been followed up and the gradual decrease in ammonia nitrogen noted as cases convalesced. Upon one of these Caesarean section had been performed.—Ed.

#### DISCUSSION.

Dr. C. R. Shinault (Little Rock)—This is, indeed, an important subject, and Dr. Cunningham deserves to be complimented for having so ably presented his paper. It is along a line, I imagine, the majority of practitioners fail to give due consideration. There is no excuse, it seems to me, for any physician, nowadays, not to be qualified and equipped for all the emergencies of obstetrical work. We have ample time to supply ourselves with the accessories for successful work from the very earliest conception to parturition. There is a rapid dilating instrument devised by some doctor in Milan, Italy, whose name I cannot recall, which should be possessed by every doctor.

The doctor, in conclusion of his paper, after having referred to the one Caesarean section case, stated that the other cases were a repetition of the first. I do not suppose he meant to say there were many repetitions of Caesarean sections.

Dr. Cunningham—The urinalysis was what I was talking about.

Dr. Shinault—I beg pardon. I do not think you should do a typical Caesarean section in all cases, unless absolutely necessary, as any other route is taken with less hazard. If we are to neglect any one branch, it should not be the obstetrical one, for it is through this medium that man is perpetuated. Especially should we safeguard this until the suffragettes get squarely on their feet. Of course, after that, we take it for granted they will devise some other means unknown to man, and will take care of that side of it themselves.

Dr. E. Meek (Little Rock)—I want to congratulate the doctor on the valuable paper. I consider it one of the most important subjects that the obstetrician has to contend with; that is, the subject of toxemias of pregnancy. I think if there is any time when that old maxim of "an ounce of prevention is worth a pound of cure," it is along these lines. I think with the majority of cases the trouble would be obviated by proper preparations.

I shall not make any attempt to make any remarks as to the doctor covering the ground. He did it very thoroughly. The only thing I want to impress upon you is the necessity of educating the masses of the fact that it is essential that as soon as pregnancy has taken place that the patient should be placed in charge of a physician and kept under his care until this period is over. By this means I think that the majority of these unfortunate cases that we come in contact with every now and then, where the doctor is sent for in haste to attend a case where convulsions have already set in and there is very little time to make any preparation, would not occur.

Dr. Shinault suggested a while ago that we should attempt to pack and wait. It doesn't seem to me, in a great many of these cases, that you will have any time for that. Some means of rapid dilatation is essential. I think there should be more impression made upon the matter as to the matter of educating the people along these lines, as prevention is better than cure.

Dr. Cunningham (Essayist)—My friend, Dr. Shinault, seems to have misunderstood the point I was trying to make. I did not expound any measures of treatment whatsoever. My subject was on prophylaxis entirely, and the fact that the case I mentioned was operated on was merely an incident, and the point I was trying to get at was the analysis at the bottom, and when I said that the other cases were a repetition I meant the urinalysis was a repetition of the one I just mentioned.

I was in hopes that somebody else had taken up this subject, and maybe had done some work along this line.

I have had a few cases where a woman has suffered from apparently bilious sick headache at intervals, but I have not had enough cases to make my investigations worth anything; but in two cases that I have had I have found a percentage of ammonia nitrogen, and putting them on an eliminative treatment or a treatment for the toxic condition has relieved them of those periodical bilious sick headaches, and I believe it is a new field, and there is room for investigation.

#### TREACHERY OF TYPHOID FEVER.\*

By C. S. Pettus, M. D.,  
Little Rock.

Typhoid fever is the most prevalent disease with which we have to contend, especially where the water supply is not protected from pollution. Its ravages are many and its complications so numerous that to the mind it is hardly conceivable.

I shall deal with the subject in as practical a way as I can, and shall draw mostly on my observations in compiling the paper, giving the appearance of the disease as it is found in the ordinary practice of the practitioner.

I feel no delicacy in saying that the average doctor present has seen as many cases of typhoid fever as any other disease he has had to treat; yet, as paradoxical as it may sound, he will say that he has made as many mistakes in the diagnosis of that disease as any other coming before him.

The treachery of the disease is remarkable. Really, there is no classical temperature rate, no classical pulse rate, no classical abdominal symptoms—in fact, absolutely nothing classical in the disease. Even the

\*Read in the Section on Medicine of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

pathology is irregular, and certainly the complications cannot be relied on. One case may be so desperate that life be despaired of and the patient fully recover without the least mark of complication, while another case may be of the ambulant type, and only through the closest study a diagnosis be made, from which such complications develop that the patient becomes an invalid, or succumbs to the disease.

Typhoid fever is a misnomer; at the time it received the name it was only applied to cases implying its meaning, and unless a case became depraved and almost hopeless, it was not considered typhoid fever. Then came the discovery of the bacillus of Eberth, which labeled all cases in which the germ was found, giving us many cases of apparently little consequence; then the paratyphoid and other complicating names arose, creating a confusion that it will take years to eradicate.

The discovery made during the war with Spain was a revelation. When down South so many cases of fever sprang up in camp, many died, and many are today suffering the consequence of the epidemic; the laboratory was consulted, and, to the astonishment of many, the typhoid bacillus of Eberth was demonstrated. That was the brightest era in the history of the disease, and since then the result of the many cases diagnosed that would have gone undiagnosed are indeed gratifying, and so many have been saved complications, suffering and even lives, that the value of the discovery is obvious.

I will hardly bring out anything in this paper that may be classed new, but I do not think anything new would add more than the importance of being constantly on the lookout for the disease, as an early diagnosis has so much to do with the final outcome of every case. This is a disease that experience in physical diagnosis is as necessary as the microscope and vice versa.

The old saying "that any fever which will not respond to quinin within a week may be regarded as typhoid fever" is correct in few instances, but incorrect in many. An insidious inflammation will produce a fever very much like typhoid fever, and occasionally malaria will not readily respond to quinin. However, it is best to look with suspicion upon any fever not responding

within a week to quinin, also a continuous fever without pain and rigors had better be considered carefully.

The laboratory rules out points alluded to, the blood count is valuable, as leukocytosis is rarely present in uncomplicated cases of typhoid fever; in fact, as a rule, throughout the course of the disease the number of leukocytes is diminished, and this decrease is to some extent progressive with the severity and duration of the disease; and, too, there generally will be found with this decrease in leukocytes a lymphocytosis.

A walled-off abscess without absorption will not effect a normal blood count; but, as above stated, will produce symptoms similar to typhoid fever.

The Gruber-Widal reaction is valuable, yet in some cases it will not be given until long after the temperature becomes normal; in many cases a positive result may give a diagnosis which otherwise might never have been made. The Diazo reaction is given in a large percentage of cases, but is much diminished if the patient is passing a large amount of urine, and is seen in other diseases, most especially in tuberculosis, those facts somewhat lessen its worth.

The laboratory findings with symptoms present will, in most cases, guide to a correct diagnosis. I emphatically say that in the unusual cases a diagnosis without the aid of the microscope is practically an impossibility.

Every case in which fever exists without marked symptoms should be carefully watched, and the possibility of typhoid fever ever be in the mind, and if it continues for five or seven days, be treated as typhoid fever until a more definite conclusion is reached, as the importance of making a diagnosis is paramount, because the early management of the disease has much to do with the outcome. If a case is properly dieted in the beginning, and elimination properly looked after, it will do more to reduce complications and shorten the attack than all medication and future management in the disease. An early diagnosis is the keynote which offers relief of the condition, etc., and also lessens the liability of spreading the disease.

Para-typhoid fever, I believe, is merely a theory, and is one of the treacherous aspects of typhoid fever. I find in Julius L. Salin-

ger's Modern Clinical Medicine the following summary on para-typhoid: "The most recent bacteriologic investigations of symptom complex which we recognize clinically as enteric fever, has therefore shown that not alone the Eberth bacillus is met in this affection, but also other bacilli, which stand between typhoid and colites, perhaps coli bacilli themselves. That they are closely related cannot be gainsaid; that in the course of the development they are derived from a common primitive type is possible. At this time, however, the assumption that under any circumstances whatsoever a colon bacillus might change to a para-typhoid, or a typhoid bacillus might develop from this, would be a hypothesis without the slightest foundation. On the contrary, in the specific agglutination we see the expression that these diseases, be they typhoid, para-typhoid or infection by coli bacteria, are throughout specific, i. e., that, regarding their origin, they are either directly or indirectly due to the diseases that have the same bacterial findings."

Sajous throws light on the summary in expressing his idea of the pathogenesis of typhoid fever, saying, "The bacilli of the typhoid group include the colon bacillus, and, whether as a result of rapid multiplication of the latter or of the assumption by it of greater activity, it can assume the virulence of the typhoid bacillus irrespective of any infection when the environment is suitable. In the intestinal canal, which contains constantly the bacillus coli communis, the condition which renders possible such an assumption of virulence by this germ is the presence in the intestinal juice of an insufficient proportion of auto antitoxin. Typhoid fever may be caused, therefore, without infection of external origin, either through hypo-activity of the adrenal system, or through excessive utilization of the blood adrenoxidase, as during exhaustion and prolonged exertion or labor the proportion of auto antitoxin in the body at large is inadequate. This accounts for the development of typhoid fever in the so-called 'spontaneous origin' group; in troops after long and exhausting marches; in the overworked and debilitated, etc., where there is no evidence of infection by typhoid bacilli of exogenous origin." He admits, however, that in the great majority of cases the disease is caused by the typhoid bacilli being

ingested with food or beverages. While I do not in every particular concur with the idea, and the subject of internal secretion is not very well understood by me, yet it explains better the unaccountable cases we so often find. The failure to demonstrate the typhoid bacillus in every case of typhoid fever is accounted for as the inability to find tubercular bacilli in every given case of tuberculosis.

I wish to emphasize the necessity of early dieting, as undoubtedly injudicious feeding is responsible for many complications and deaths. The necessity to consider the laboratory findings in every case of fever and not to expect perfect findings in every case.

I am sure many a case of typhoid fever runs its course, either getting well, or the patient dies of complications without a diagnosis; and the diagnosis of unusual cases is as perplexing as any disease we have to diagnose.

With these facts, and the many complications heir to typhoid fever, I think we can readily admit its treachery equals that of Nero.

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#### PNEUMONIA.\*

By G. A. Warren, M. D.,  
Black Rock.

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I do not propose to give you much of the pathology, etiology, symptoms, physical signs, etc., for of these you are all more or less familiar, especially with the latter two; and should I give the former it would necessarily be largely a text-book reproduction.

I wish to say, however, that lobar, or croupous pneumonia is produced by a specific bacteria known as the pneumococcus, a form of diplococcus, yet in many cases these bacteria are associated with streptococci, or staphylococci, or with both.

Broncho pneumonia is always a mixed infection of two or more varieties of bacteria. As to the frequency, morbidity and mortality of pneumonia, it is most common, most widespread, and causes more deaths than any other disease. Osler says: "Pneumonia is the most fatal of all diseases, killing more people than diphtheria, and outranking even consumption as a cause of death."

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\*Read in the Section on Medicine of the Arkansas Medical Society, at the Thirty-sixth Annual Session, held at Hot Springs, May, 1912.

He further says: "Pneumonia is a self-limited disease which runs a definite course and can neither be aborted nor cut short by any known means at our command."

Musser says: "It may be conservatively stated that the frequency of pneumonia is, at least, not diminishing, and that the number of deaths caused by the disease is appalling."

Both of the above authors state that the death rate from this disease in private practice is from ten to twenty per cent, and in hospital practice from fifteen to even forty per cent.

Holt says of pneumonia: "It is a very serious disease, with a death rate of ten to twenty per cent."

Sajous says: "It is a most serious and most general in distribution of all the acute infectious diseases."

In the past three or four years pneumonia has become the chief cause of death in all the large cities. The New York City Board of Health established a medical commission, national in its character, to investigate the frequency and fatality of acute respiratory diseases, with a hope that some means could be devised for reducing the excessive morbidity and mortality from these diseases.

The investigation of this commission showed that the death rate in New York, and other cities, from all the principal causes had fallen off from ten to thirty-five per cent, excepting acute respiratory diseases, cancer, diseases of the circulatory system and diseases of the kidneys.

The death rate from acute respiratory diseases had increased ten to fifteen per cent, and pneumonia played the most important part in this increase. From this data, and the opinion of medical men generally, it can be accepted that apart from the fresh air treatment, which at most has only slightly influenced the death rate, the mortality of the disease has remained unchanged through all modifications of treatment during the past one hundred years.

Pneumonia remains practically the only infectious process whose incidence and mortality continue unvarying despite the knowledge of its cause, and in spite of the education of the masses in hygiene, which has so profoundly influenced other diseases, such as typhoid and tuberculosis. Any treat-

ment, therefore, which even gives promise of lowering in any way the appalling mortality, as Musser puts it, should be given a thorough trial. This brings me to the principal topic of my theme, which I shall call bacterin or vaccine treatment of pneumonia, also the injection of camphorated oil, which has been so successfully used by the different members of the faculty of Tuft's Medical College.

As early as 1903 Osler included a paragraph in his book on practice, concerning the antitoxin or serum immunity of pneumonia, yet he said it was of little value so far as it had been developed; but, again, under "Treatment," he has about a half dozen lines on the anti-pneumonic serum. From this short note and P. D. & Co.'s assurance of the efficiency of their serum, I had a druggist order me some of it; but it was costly, and as I could not see any appreciable benefit from it, I did not continue its use, and it likewise fell into general disuse.

About eight months ago Dr. J. O. Hatcher, whom I have designated to open this discussion, had an obscure trouble in one of his lungs, and I had him send me a specimen of his sputa for microscopical examination. The examination revealed the diplococci peculiar to pneumonia. I reported the results to Dr. Hatcher, and he took the mixed vaccine of pneumococcus and streptococcus. On the following day he showed marked improvement and steadily continued to improve until his recovery was complete. This was August, and we did not suspect pneumonia until the microscope revealed it. The disease being rare at this season of the year, I was anxious to use this treatment on other cases, and longed for the opportunity to do so. In November this opportunity was given me. There was quite an outbreak of pneumonia in our community, beginning the last of November or the first of December and lasting until May. During this period Dr. Craig and I have treated more than thirty-five cases of pneumonia with the vaccine and without fatal termination. One child died from a stomach and bowel complication, or sequelae, five days after the fever from the lung trouble had subsided, and after I had discharged the case.

Most of the cases would show a marked improvement within twenty-four hours after

the administration of the vaccine, the temperature would fall, the dyspnea would become less, and condition generally would show improvement. In many cases the action was as decisive as is the action of diphtheritic antitoxin. The temperature would go to normal within twenty-four hours and remain so. In others the temperature would go to normal, remain so twelve to twenty-four hours, when they would have a slight rise of temperature again, usually continuing for one or two days.

The majority of cases, however, showed a general, regular improvement, terminating by lysis within three or four days from the time of the first treatment. Some, however, showed little or no improvement from the first treatment, and in these cases we gave the second dose at the end of forty-eight hours, giving double the amount given the first treatment. In our experience we had no case that did not show improvement soon after receiving the second treatment. We also gave the second treatment in some of the cases that had the second rise of temperature, but this was not really necessary, as the temperature in none of them went high.

Many of these cases were typical lobar pneumonia, and some of them severe in character; yet even these might show—within twenty-four hours after the first injection—a complete disappearance of the fever and other symptoms of the disease, and a rapid resolution of the lung or lungs, as the case might be.

In nearly all of these cases there was a marked absence of the crisis, so constant in classical cases of pneumonia, that are treated by any of the previous methods, or not treated at all. In classical cases of croupous pneumonia our rule is to give forty millions of the pneumococci vaccine as soon as the diagnosis is made, and if the case does not show an improvement in forty-eight hours, give a hundred millions of the same vaccine, or a mixed vaccine consisting of thirty millions pneumococci and twenty millions streptococci; and in all cases of bronchial pneumonia or atypical croupous pneumonia, our custom is to begin with the mixed vaccine above mentioned, doubling the dose within forty-eight hours if there is not marked improvement.

We sometimes administer a mixed vaccine containing pneumococcus forty millions, streptococcus pyogenes thirty millions, staphylococcus pyogenes aureus one hundred millions, staphylococcus pyogenes, albus one hundred millions. This is especially indicated in treating acute attacks in chronic lung trouble, also other mixed infections of a chronic nature, such as chronic bronchitis, etc. This treatment has been tested by such manufacturers as Mulford, P. D. & Co., and other of equal reliability, and it has also been accepted by the Council on Pharmacy and Chemistry of the American Medical Association.

My experience with it might count for naught were it not backed up by scientific investigation of thoroughgoing physicians, and the above council. There is this favorable conclusion with reference to its use—that, like diphtheritic antitoxin, it does no harm, and it is not so expensive as the serums, so anyone may procure it.

I feel sure this treatment is the solution of the problem that has long confronted the medical profession in regard to treatment of pneumonia.

This vaccine is analagous to other vaccines that have recently passed the experimental stage, namely, Typhoid, Gonorrhea, Acne, Furuncles, Septicemia, Rabies, etc. But this, and the vaccine for rheumatism, might be said to be in a transition stage.

It makes little difference to the true physician what the treatment is or who discovered it, so long as it produces the desired results; yet I fear that some of us are a little hide-bound in accepting new treatments. The adage, "Be not the first by whom the new is tried, nor the first to lay the old aside," has no place with a medical man, for if some of us are not the first to try the new, our profession is at a standstill, and can never report progress.

When an honest man who is well grounded in making research upon a scientific basis offers us something new that he assures us will do no harm, it is our duty to try it, though we be doubting Thomases while we are testing it.

The injection of camphor in oil has been very successful in the treatment of pneumonia so far as it has been reported, especially Dr. Seibert and other members of

the faculty of Tuft's Medical College of Boston. Dr. Seibert reports thirty-seven cases treated by this method and only one death; the fatal case was a man sixty-eight years old, weighing two hundred pounds or more, and with a fatty heart. Dr. Seibert reports general improvement from six to twelve hours after the first injection of ten to twelve cc.'s of a twenty per cent solution of camphor in oil, and this is injected every twelve hours till the patient is practically well.

In all of these cases he reports an absence of crisis and much milder and shorter attacks than normal.

I have not used this treatment because the vaccine has proved all I could ask for it, so far as I have used it, and I have used it in fully as many cases as Dr. Seibert reports. A full account of Dr. Seibert's cases is in the New York Medical Record of April 20, 1912. This treatment has a decided objection compared to the vaccine treatment because of the frequency of the injection.

Dr. A. S. Shafer of Bakersfield, Cal., has a treatment homologous to the vaccine treatment, but his injections are prepared from autogenous material, and each physician must have his own laboratory and wait twelve to twenty-four hours to be able to mature his treatment.

The vaccine I have used is put up in hermetically sealed glass bulbs containing one cc. each, and is manufactured by a physician in Detroit, Mich. He offers his products cheaper than other manufacturers and they seem to be all that is claimed for them. In using this treatment we need use little or no medicine; yet we should have our usual stand-bys, such as heart stimulant, fever-reducing agents, etc. But they are seldom needed after twenty-four hours from the first injection. I use the word agents in referring to fever reducers, because I rarely use medicines, but use cold packs and baths instead. I contend that such remedies as aconite, the cold tar derivatives, do harm in a large majority of the cases of pneumonia. The fever is only the smoke from the battle going on between the leucocytes and the invading bacteria, and whatever depresses the heart necessarily diminishes the leucocytes, or phagocytes, and thereby gives the invading army the advantage.

Aconite may be good when there is a bounding pulse, but I claim its action should

be carefully watched, and it should be discontinued as soon as it produces any effect upon the heart.

In closing, I want to emphasize the fact that pneumonia, while it is an acute infectious disease, it is not like other acute infectious diseases, for instead of one attack giving an immunity, as is the case in measles, smallpox, scarlatina, typhoid, etc., it seems to render the person more liable to future attacks, and the more he has the disease, the more liable he is to have it again and again. I have known a few persons to have three well-defined or classical attacks of pneumonia within a year. I have known other persons to give a history of having had pneumonia nine and some of them ten times. I have tried many lines of treatment, namely, the expectant treatment, the creosote treatment, the quinin treatment, the turpentine treatment, and even the antiphlogistine treatment; but none of them can be relied upon. While this treatment is in its infancy, it seems to be "making good."

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#### HOOKWORM DISEASE IN THE SOUTH.\*

At a public meeting held at the Eastman Hotel, Dr. Morgan Smith presided. An illustrated lecture was given, showing the hookworm larvae in its various stages of development, infected districts, clinical aspects, results of treatment, etc.

In the discussion which followed, Dr. Cooksey told of the conditions and progress of the work in his territory. Dr. Butler of Sheridan made oral report covering his district, with a resume of the findings in some typical cases treated.

Dr. Collings of Hot Springs offered the following resolution, which was adopted:

Whereas, Hookworm disease has been reported by the State Board of Health to exist in a large majority of counties in the state; and

Whereas, Hookworm disease by retarding the physical and mental efficiency of those affected is producing great economic loss and distress; and

Whereas, The State Board of Health, through the philanthropy of Mr. Rockefeller, is waging a campaign of education look-

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\*Open Session of the Section on Practice of Medicine at the Thirty-sixth Annual Session of the Arkansas Medical Society, at Hot Springs, May, 1912.

ing to the prevention and control of hookworm disease; therefore, be it

Resolved, That the members of the Section on Hygiene and Public Health unqualifiedly endorse the work done by the State Board of Health and the work yet to be done, and urge the members of this society to co-operate in every way possible in this humanitarian work.

Dr. Bradford of Cotton Plant and Dr. Amis of Fort Smith spoke in favor of the resolution, and being put, it was unanimously adopted.

Dr. Collings submitted the following resolution:

Resolved, That this section endorse the Rockefeller Foundation bill now pending in Congress, and urge our senators and representatives in Congress to support the bill.

Resolved, That the secretary of the society be instructed to transmit a copy of this resolution to them at the earliest moment.

Being supported by Dr. Bradford of Cotton Plant, Dr. Amis of Fort Smith and Dr. Williams of Hot Springs, it was adopted unanimously.

Dr. Bradford, in referring to the prevalence of hookworm disease in his territory, called attention to the fact that it was confined almost exclusively to users of tobacco.

Dr. Amis offered the following resolution:

Motion that the president and secretary of the State Society be instructed to word a resolution to Mr. J. D. Rockefeller himself thanking him for his generosity to us.

Adopted unanimously.

Dr. Pendergast of Philadelphia, Pa., told of the unsanitary condition of the passenger coaches at Texarkana, and the unhygienic method of cleaning them, and suggested that the medical profession of Arkansas should take an active part in protecting its citizens while traveling, and go before the legislature at its next session with a bill looking to this end. He said that the great State of Arkansas had been blessed with a rich loamy soil which was bound to prove attractive to agriculturists from other states, and if the health of its citizens was properly cared for and safeguarded, we should have a substantial influx of immigrants to develop our resources and market our products. He said the State of Pennsylvania employed a Health Commission with a sufficient corps of assistants with full authority in matters of sanitation. Vacuum cleaners took the

place of dusting brushes in the hands of railway porters and many other improvements had been installed in the interest of public hygiene.

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#### MAN AND MONKEY.

The question of the simian ancestry of man has long been the subject of jest. From the zoological point of view it has been a matter of more serious concern as far as the position of man in any scheme of classification is involved. With the advent of modern methods of study applied to blood and the problems of immunity, data of a new sort has been furnished to bear on the real relationship of man to some of his animal competitors. To this evidence of blood relationship have now been added fresh facts derived from the study of nutrition. The long-known contrast between man and the animals, according to *The Journal of the American Medical Association*, is thus made less striking by the discovery of those intermediate species exhibiting human characteristics in more than one way. The gap has been bridged by the studies on the anthropoid apes which have now furnished to science the reputable evidence for that relationship which the behavior of apes in vaudeville and elsewhere has strongly suggested.

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#### POPULAR MEDICAL WRITING.

Despite the upraised eyebrows and sneering innuendos of the stand-pat school of medical editors, the growing custom of contributing medical articles to the newspaper and periodical press is praiseworthy. Heretofore only the quacks and the nostrum makers have used these effective methods of educating (?) the public. That the present departure is above criticism is evident in the personnel of the popular medical writers. The leading men in the profession are glad to avail themselves of the privilege of undoing some of the work done by the charlatans and faddists of the healing art. Moreover, the magazines are uniformly careful to accept for publication only the articles offered by physicians of standing. Some of the medical editors who throw cold water on the idea are perhaps unable to persuade the magazine people to accept their own articles.—Exchange.

# THE JOURNAL

OF THE

## Arkansas Medical Society

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All communications to this Journal must be made to it exclusively. Communications and items of general interest to the profession are invited from all over the State. Notice of deaths, removals from the State, changes of location, etc., are requested.

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### ADVERTISING RATES.

A schedule of rates will be furnished upon request.

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### ANONYMOUS COMMUNICATIONS.

No anonymous communications will appear in the columns of this Journal, no matter how meritorious they may be.

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### NOTICE.

Change of address will be made if the old as well as the new address is given. The mailing list is furnished by the secretary, Dr. C. P. Meriwether, Little Rock, to whom all changes should be addressed. Communications for publication should be mailed to the editor not later than the 5th of each month.

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## Editorials.

### THE CONVENTION PROGRAM.

The sessions of the thirty-seventh annual convention of the Arkansas Medical Society will be held in the auditorium of the Hotel Marion, beginning at 9 a. m., Tuesday, May 20, and closing Friday night with a banquet tendered by the Little Rock Chamber of Commerce and Board of Trade. On Wednesday night the Tulane Alumni, the Jefferson Alumni and the U. of A. Alumni will each give a banquet.

On their arrival delegates should repair to the small banquet room in the rear of the main lobby of the Hotel Marion and register with Secretary Meriwether and secure badges and programs.

All railroads in the state have agreed to a rate of a single fare plus one third for the round trip.

The opening session will itself be an important one, as after the addresses of welcome by Mayor Charles Taylor and Dr. Robert Caldwell in behalf of the Pulaski County Medical Society, the Committee on Creden-

tials will report, the president's address to the House of Delegates will be read and the important report of the Committee on State Legislation and Public Policy will be submitted, together with other reports. Delegates should arrange to be here in time for this initial meeting.

Another session which should not be missed is the memorial session, the first to be held by the society, and which will be held on Wednesday night at 8 o'clock. Since the last annual meeting our lamented president, Dr. E. R. Dibrell, died in office, and the society sustained another loss in the recent death of Dr. J. S. Shibley of Paris.

The public meeting on Thursday night, when Dr. John A. Witherspoon, president American Medical Association, will address the public on health topics, should certainly be supported by our members, who will have the privilege of hearing one of the most distinguished men in the profession.

We would call special attention to the general session Wednesday morning, when Governor Futrell will deliver the address of welcome with response by Dr. Henry Thibault of Scotts for the society, and when the president's annual address will be read.

The Section on Surgery on Thursday morning, May 22, will be of much interest and distinguished visitors will read instructive papers. Dr. William Britt Burns of Memphis will discuss "Splénomegaly and Splenectomy;" Dr. John Young Brown of St. Louis will speak on "The High Death Rate in Acute Intestinal (Mechanical) Obstruction," and Dr. Bransford Lewis of St. Louis will be heard on "Diseased Conditions of the Urinary Organs with Methods of Examination," illustrated with lantern slides.

In the Section on State Medicine and Public Hygiene, also on Thursday, Dr. F. L. Watkins, Jackson, Miss., will talk on "Vital Statistics Fundamental in Public Health Work;" Dr. Wycliff Rose, Washington, D. C., will discuss "Sanitation," and Dr. Frank A. Jones, president Southern Medical Association, will address the section on "The Southern Medical Association; Its Place in the Medical World."

These eminent speakers are all men distinguished in the profession—men who speak with authority on the topics named. All of which are of vital importance. They are our guests. We owe them the courtesy of a

full attendance; we owe it to ourselves to embrace the opportunity of hearing them.

The program is printed in full in this issue—read it all through.

### RURAL ORIGIN OF CITY TYPHOID.

We are coming to the season of the year usually marked in our cities by the annual spring increase of typhoid, attributed to infectious materials carried by freshets into water supplies. There has recently been a protest against what is called the rural origin of typhoid.

Typhoid is usually considered to be mainly, if not almost entirely, a water-borne disease. There is no doubt that drinking water has been responsible for the great majority of cases in large cities. Yet the water seems to be slightly, if at all, responsible for typhoid in New York. The proportion of cases to the population of the five boroughs of Manhattan, The Bronx, Brooklyn, Queens and Richmond is about the same, though each borough has a special water supply. The more carefully the sources of New York's typhoid infections have been studied, the more frequently has milk been discovered to be the chief vehicle of infection. Efforts at control have resulted in decided improvement, but the education of the dairyman is a slow process, and dairy farming is still largely in the hands of the ignorant. After milk, the most common source of typhoid fever in New York is infection of the patient while out of town. About one-quarter of all New York's typhoid infections are of this origin. While it is impossible to give any exact figures, over one-half of the typhoid infections are probably of rural origin. Any attempt on the part of New York further to reduce the incidence and the mortality of typhoid must consider the lessening of typhoid in the country places from which water, milk and food are drawn. During the past three years there has been an average of about 3,500 cases of the disease in the city, and about 550 deaths. This is too large a death rate to be neglected. The problem in New York is the same as that in other states. As our knowledge of sanitation grows, says The Journal of the American Medical Association, we realize that the health of the individual depends largely on the community in which he lives, and that the health

of a community depends to a great extent on the health of other communities having commercial and other relations with it. It is, therefore, all-important to secure by general legislation such improvement of the health of smaller places as will safeguard large cities from contamination by them in the course of commercial relations. Properly directed, this will not inflict a burden on the smaller communities, but, on the contrary, by improving their health, will prove of the greatest possible benefit.

### Editorial Clippings.

#### ORGANIZATION.

As a general rule, the practitioner who is a good business man is a good doctor. In fact, the increasing cost of living and the status lymphaticus of medical fees make it imperative that the doctor shall be a good business man if he wishes to remain in practice. External competition, growing public intelligence and legal requirements now demand that the doctor shall consider himself as any other laborer, worthy of his hire.

Whatever advances we make, either in scientific or economic directions, come through the medium of organization. There may be good men outside the pale of organization, men who hold themselves aloof from their fraternity, but if so they are unknown, and therefore of little use to their profession.

When a doctor has a good idea, be it scientific, philanthropic or economic, the place to launch that idea and watch it sink or swim is in his medical society. Every member of the medical organization is morally bound to give his mite in return for the many advantages accruing from the privilege of membership. If one has in him the true spirit of Hippocratic fellowship and a fitting sense of the meaning of medical ethics, he will not shirk his duty to the profession.

Evils there are and always will be, as in every large organization, but these evils are insignificant as compared with the benefits one derives from the best post-graduate school of medicine—the County Medical Society. Politics in its proper sense is a necessity in any useful organization, but politics in its narrow sense does not, and need not, have any place in the medical so-

ciety; the way to prevent it is to attend the meetings and exercise your rights. If affairs are not conducted to suit you, the fault is entirely your own.—The St. Louis Medical Review.

### EGGS AS FOOD AND OTHERWISE.

The nitrogenous part of the egg contents are albumen, which is easily digested and assimilated. Lecithin is found in the yolk. The fat of the yolk is largely lecithin, which while undergoing digestion is converted into choline, a substance which may under certain conditions become of such quantity as to cause symptoms of poisoning. The white of the egg can be partaken of in all conditions and all ages without discomfort, either raw or cooked in various ways. Infants often will thrive on white of egg mixed with water with a little sugar of milk and sometimes milk added when they cannot digest other food of any kind. With invalids, when it is desired to increase the albumen content of the food, where there is gastric intolerance of other foods, or in cases of dysentery, the white of egg will be found an invaluable aid to nourishment. Salt and lemon juice may be added to taste. When egg albumen is thus administered the mixture should be allowed to stand for a short time and then strained to remove any deposit or precipitate.

Eggs are also useful for other purposes than for food. For burns and scalds there is nothing more soothing than the white of egg spread over the wound. It is preferable to collodion or oil of any kind, and easily obtained. It protects the wound from the air, which causes the extreme discomfort, and allays pain.—The American Practitioner.

### VACCINES AS ADJUNCT REMEDIES.

From practical experience in the treatment of disease we soon realize that no one remedy can always be relied upon to the exclusion of others, even when dealing with methods that are specific in character. Bacterial vaccines are essentially specifics and operate by exerting an immunizing influence against only such infections that are caused by organisms which are present in the vaccine. Being specifics, bacterins should be used as primary remedies, and in many in-

fective disorders a few doses is all the treatment required, especially when given early in the course of the trouble, but conditions are often met with where other measures are of equal or even greater importance. Take a case of appendicitis with a pus cavity. Here it would be senseless to rely on vaccines to the exclusion of operative interference. But, while an operation is necessary, such a case should also have the benefit of the immunizing influence of bacterial vaccines to guard against post-operative extensions of the infective process. In furunculosis, abscesses should be opened and drained while the use of staphylococcus vaccine prevents the development of new furuncles. Gonorrhea being a surface infection, local treatment is necessary to destroy the superficially located germs while the immunizing influence of the blood serum due to the use of bacterins will take care of the deeper invasions. Comedones in cases of acne should be removed, deep-seated pus cavities evacuated and local treatment employed to stimulate the circulation of the skin so as to give the immunizing properties of the blood an opportunity to reach the infected parts. In fact, all known methods of advantageously dealing with diseased conditions may be used in conjunction with the vaccines. In many cases good results may be obtained by combining vaccine with other treatment when neither would suffice alone.—The Bacterial Therapist.

## PRELIMINARY PROGRAM

of the

Thirty-Seventh Annual Meeting

of the

ARKANSAS MEDICAL SOCIETY,

Little Rock,

May 20, 21, 22 and 23,  
1913.

### OFFICERS.

President—G. A. Hebert, Hot Springs.  
First Vice President—St. Cloud Cooper, Fort Smith.  
Second Vice President—R. Q. Patterson, Augusta.  
Treasurer—J. S. Wood, Hot Springs.  
Secretary—C. P. Meriwether, Little Rock.

### OFFICERS OF SECTIONS.

Medicine—C. H. Trotter, Helena, chairman; Thad Cothren, Walcott, secretary.  
Surgery—C. H. Cargile, Bentonville, chairman; E. P. McGehee, Lake Village, secretary.  
Obstetrics and Gynecology—J. S. Rhinehart, Camden, chairman; B. D. Luck, Pine Bluff, secretary.  
Pathology—A. J. Vance, Harrison, chairman; Nettie Klein, Texarkana, secretary.  
State Medicine and Public Hygiene—J. L. Greene,

Little Rock, chairman; C. W. Garrison, Little Rock, secretary.

Dermatology and Syphilology—Leonard R. Ellis, Hot Springs, chairman; Abner Cook, Hot Springs, secretary.

Diseases of Children—O. K. Judd, Little Rock, chairman; J. S. Jenkins, Pine Bluff, secretary.

#### **COUNCILOR DISTRICTS AND COUNCILORS, 1912.**

First Councilor District—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor, M. C. Hughey, Rector. Term expires.

Second Councilor District—Clebune, Fulton, Independence, Izard, Jackson, Sharp and White counties. Councilor, L. E. Willis, Newport. Term expires 1914.

Third Councilor District—Arkansas, Cross, Lee, Lonoke, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor, T. B. Bradford, Cotton Plant. Term expires.

Fourth Councilor District—Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln counties. Councilor, E. E. Barlow, Dermott. Term expires 1914.

Fifth Councilor District—Calhoun, Columbia, Dallas, Lafayette, Ouachita and Union counties. Councilor, R. A. Hilton, chairman, El Dorado. Term expires.

Sixth Councilor District—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, C. A. Archer, De Queen. Term expires 1914.

Seventh Councilor District—Clark, Garland, Hot Spring, Montgomery, Saline, Scott and Grant counties. Councilor, R. Y. Phillips, Malvern. Term expires.

Eighth Councilor District—Conway, Johnson, Faulkner, Perry, Pulaski, Yell and Pope counties. Councilor, W. A. Snodgrass, Little Rock. Term expires 1914.

Ninth Councilor District—Baxter, Boone, Carroll, Marion, Newton, Searcy, Stone and Van Buren counties. Councilor, F. B. Kirby, Harrison. Term expires.

Tenth Councilor District—Benton, Crawford, Franklin, Logan, Sebastian, Madison and Washington counties. Councilor, J. T. Clegg, Siloam Springs. Term expires 1914.

#### **DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.**

G. A. Warren, Black Rock. (Term expires.)  
Morgan Smith, Little Rock. (Term expires 1914.)

#### **ALTERNATES.**

W. N. Yates, Fayetteville. (Term expires.)  
A. U. Williams, Hot Springs. (Term expires 1914.)

#### **STATE ORGANIZER.**

B. M. Stevenson, El Dorado.

#### **COMMITTEES.**

##### **Committee on Arrangements.**

Frank Vinsonhaler, Little Rock, chairman.  
S. S. Stewart, Little Rock.  
Lloyd Thompson, Little Rock.

##### **Committee on Scientific Program.**

(Two to be appointed by president.)  
Secretary ex-officio member.

##### **Committee on State Legislation and Public Policy.**

Appointed by President Hebert—  
Morgan Smith, Little Rock, chairman.  
S. A. Southall, Lonoke.

J. M. McBee, Earle.

(Continued by a resolution adopted by the House of Delegates at the Hot Springs meeting.)

J. H. Weaver, Hope.

R. C. Dorr, Batesville.

L. H. Barry, Hot Springs.

Ex-officio Members—

President—G. A. Hebert, Hot Springs.

Secretary—C. P. Meriwether, Little Rock.

#### **Committee, Board of Visitors to the Medical Department, Arkansas University.**

F. T. Murphey, Brinkley, chairman.

W. S. Stewart, Pine Bluff.

Geo. S. Brown, Conway.

#### **Committee on Trained Nurses.**

M. D. Ogden, Little Rock, chairman.

(By special resolution of the House of Delegates.)

#### **Committee on Necrology.**

R. H. T. Mann, Texarkana, chairman.

Frank Vinsonhaler, Little Rock.

O. L. Howton, Osceola.

(To meet at 8 p. m. on second day of the meeting.)

#### **Committee on Public Health and Welfare.**

(In place of the Committee on Tuberculosis.)

S. E. Thompson, El Dorado, chairman.

T. B. Bradford, Cotton Plant.

J. D. Southard, Fort Smith.

#### **Sanitation and Public Hygiene.**

C. W. Garrison, Little Rock, chairman.

Olive Wilson, Paragould.

J. A. Sigler, Mammoth Spring.

#### **ANNOUNCEMENTS.**

##### **Reduced Rates to Little Rock.**

All railroads in Arkansas will make a rate of one and one-third fare to Little Rock on account of the meeting of the Arkansas Medical Society.

Tickets on sale May 19 to 21, with return limit of May 25.

Members, on arrival, should repair to the registration office at the Hotel Marion, where they may register and receive badges and programs.

All meetings will be held at the Hotel Marion. The Ladies' Reception Committee will look after the visiting ladies.

##### **Entertainments for Members.**

Friday Night—Banquet by the Chamber of Commerce and Board of Trade.

##### **Special Entertainments.**

Wednesday night, 10 o'clock.

Tulane alumni banquet.

Jefferson alumni banquet.

Medical Department U. of A. alumni banquet.

##### **Thursday Night, 9 O'clock.**

Arkansas Association of St. Louis, Iron Mountain and Southern Railway Surgeons' smoker at Hotel Marion.

##### **Public Meeting.**

Thursday night, Dr. John A. Witherspoon, president of the American Medical Association, will address the public on public health topics.

##### **Notice.**

All papers read at this meeting are the property of the Arkansas Medical Society, and should be handed to the secretary of the section as soon as read.

Papers are limited to twenty minutes in their reading. All discussions limited to five minutes.

### PROGRAM.

#### First Day—Tuesday, May 20.

First meeting of the House of Delegates, Auditorium, Hotel Marion.

#### Morning Session—9 O'clock.

Calling meeting to order.

Invocation.

Address of Welcome on Behalf of the City—Mayor Taylor.

Address of Welcome—Dr. Robert Caldwell, president Pulaski County Medical Society.

Appointment of Committee on Credentials.

Recess of ten minutes.

Report of Committee on Credentials.

Calling roll of delegates.

Reading of minutes of the last annual meeting.

Appointment of Reference Committee.

President's address to the House of Delegates.

Report of Committee on Scientific Program—Secretary.

Report of Committee on State Legislation and Public Policy—Morgan Smith, Little Rock, chairman.

Report of Visitors to the Medical Department of the U. of A.—F. T. Murphy, Brinkley, chairman.

Report of Committee on Trained Nurses—M. D. Ogden, Little Rock, chairman.

Report of Committee on Necrology—R. H. T. Mann, Texarkana, chairman. (To report at a special meeting to be held Wednesday night at 8 o'clock, as per special resolution passed by the House of Delegates at the Hot Springs meeting.)

Report of Committee on Public Health and Welfare—S. E. Thompson, El Dorado, chairman.

Report of Committee on Sanitation and Public Hygiene—C. W. Garrison, Little Rock, chairman.

Report of Delegates to the 1912 Meeting of the American Medical Association.

Report of Committee on Arrangements—Frank Vinsonhaler, chairman.

Report of Chairman of the Council—J. A. Hilton, El Dorado.

Report of secretary.

Report of treasurer.

Reading of communications.

Reading of memorials and resolutions.

Selection of the Nominating Committee.

Selection of members of the State Board of Medical Examiners.

Vacancies in the following Congressional districts: Second, Third, Sixth and Seventh. Three to be selected in each.

Miscellaneous business.

Adjournment.

#### WEDNESDAY, MAY 21.

#### General Session, 9 A. M.—Auditorium, Hotel Marion.

Calling meeting to order.

Invocation.

Address of Welcome—Governor Futrell.

Response to the Address of Welcome on Behalf of the Arkansas Medical Society—Henry Thibault, Scott.

President's Annual Address—G. A. Hebert, Hot Springs.

Adjournment.

#### SCIENTIFIC SESSION.

Immediately after adjournment of general session.

#### SECTION ON DISEASES OF CHILDREN.

Chairman—O. K. Judd, Little Rock.

Secretary—J. S. Jenkins, Pine Bluff.

1. Chairman's address.

2. Defective Children—E. P. Bledsoe, Little Rock.

3. Importance of Examining Eyes and Ears of School Children—R. H. T. Mann, Texarkana.

4. Subject to be announced—J. F. Crump, Rison.

#### SECTION ON PATHOLOGY AND BACTERIOLOGY.

Chairman—A. J. Vance, Harrison.

Secretary—Nettie Klein, Texarkana.

1. Chairman's address.

2. Present Day Conceptions of Indicanuria—T. E. Fuller, Texarkana.

3. The Pathologist as a Necessary Assistant to the Practitioner—R. H. T. Mann, Texarkana.

4. A Few Thoughts on Sarcoma—T. F. Kittrell, Texarkana.

#### SECTION ON DERMATOLOGY AND SYPHILOLOGY.

Chairman—L. R. Ellis, Hot Springs.

Secretary—A. H. Cook, Hot Springs.

1. Chairman's address.

2. Skin Clinic—Wm. R. Bathurst, Little Rock.

3. Some of the Bone Lesions of Syphilis—Warren L. Snider, Hot Springs.

4. The Importance of Lumbar Puncture in the Diagnosis of Syphilitic Nervous Lesions—E. P. Bledsoe, Little Rock.

5. The Vaccine Treatment of Some Forms of Rheumatism—E. H. Eastman, Hot Springs.

#### NIGHT SESSION.

Wednesday Night, 8 O'clock—Auditorium Hotel Marion.

Memorial session.

#### THURSDAY, MAY 22.

Auditorium, Hotel Marion.

General session, 8:30 a. m.

#### SECTION ON SURGERY.

Chairman—Chas. H. Cargile, Bentonville.

Secretary—E. P. McGehee, Lake Village.

1. Chairman's address.

2. Skin Grafting—St. Cloud Cooper, Fort Smith.

3. Splenomegaly; Splenectomy—William Britt Burns, Memphis, Tenn.

4. The High Death Rate in Acute Intestinal (Mechanical) Obstruction. A Clinical Study of Causes—John Young Brown, St. Louis, Mo.

5. Iodine in First Aid Surgery—J. T. Clegg, Siloam Springs.

6. Compound Comminuted Fracture of Long Bones and the Use of Lane's Plates—C. M. Lutterloh, Jonesboro.

7. A Case of Strangulated Hernia—J. J. Smith, Paris.

8. Pyelitis—M. D. Ogden, Little Rock.

9. First Aid and Other Sanitary Work Under the Auspices of the National Red Cross Association—J. E. Sparks, Crossett.

10. Title not announced—E. E. Barlow, Dermott.

11. Heroic Doses of Strychnia and Atropin in Surgical Shock, with Report of a Case—Frank B. Young, Springdale.

12. Diseased Conditions of the Urinary Organs, with Methods of Examination (illustrated with lantern slides)—Bransford Lewis, St. Louis, Mo.
13. Bone Surgery, with Clinical Cases—W. F. Smith, Little Rock.
14. Title not announced—A. E. Cox, Helena.

#### SECTION ON STATE MEDICINE AND PUBLIC HYGIENE.

Chairman—J. L. Greene, Little Rock.  
Secretary—C. W. Garrison, Little Rock.

1. Chairman's address.
2. Vital Statistics; Fundamental in Public Health Work—F. L. Watkins, Jackson, Miss.
3. Sanitation—Wycliff Rose, Washington, D. C.
4. The Southern Medical Association; Its Place in the Medical World—Frank A. Jones, Memphis, Tenn., president Southern Medical Association.

Thursday Night, 8 O'clock.

Under the auspices of the Section on State Medicine and Public Hygiene, Dr. John A. Witherspoon, president of the American Medical Association, will deliver an address to the public in the auditorium of the Hotel Marion, on "Public Health."

FRIDAY MORNING, MAY 23.

General session, 8:30.

#### SECTION ON PRACTICE OF MEDICINE.

Chairman—C. H. Trotter, Helena.  
Secretary—Thad Cothren, Wolecott.

1. Chairman's address.
2. Indigestion and Constipation—E. D. Holland, Hot Springs.
3. Amebic Dysentery; Etiology, Symptomatology and Pathology—E. C. Witwer, Van Buren.
4. Amebic Dysentery; Treatment—A. F. Hoge, Fort Smith.
5. Title to be announced—J. B. McElroy, Memphis, Tenn.
6. Report of Some Rare and Interesting Eye Cases—L. H. Lanier, Texarkana.
7. Infantile Paralysis—Don Smith, Hope.
8. Title to be announced—R. H. Sanders, Manila.
9. Title to be announced—W. R. Owen, Paragould.
10. Medical Ethics—P. M. Lutterloh, Jonesboro.
11. Treatment of Rheumatism with the Phylacogens—Abner H. Cook, Hot Springs.
12. Rabies—Lloyd Thompson, Little Rock.

#### SECTION ON OBSTETRICS AND GYNECOLOGY.

Chairman—J. S. Rhinehart, Camden.  
Secretary—B. D. Luck, Pine Bluff.

1. Chairman's address.
2. The Optic Hazard in Obstetric Practice—Wm. Breathwit, Pine Bluff.
3. The Care and Management of the Expectant Mother—John T. Palmer, Pine Bluff.
4. Report of Two Interesting Cases—J. P. Runyan, Little Rock.
5. Some of the Causes of Pathological Conditions of the Pelvis—R. L. Saxon, Little Rock.
6. Inquiry Into the Pathology of Dysmenorrhea—C. S. Pettus, Little Rock.
7. Renal Tuberculosis—H. H. Kirby, Little Rock.
8. General Discussion of the Value of Pituitrin in Obstetrics—Discussion opened by the chairman.

#### GENERAL SESSION.

Immediately after Section on Obstetrics and Gynecology adjourns.

Calling meeting to order by the president.

Unfinished business.

Report of Nominating Committee.

Report of other committees.

Election of officers.

New business.

Selection of place of next meeting.

Adjournment sine die.

#### PROPOSED AMENDMENTS TO BE VOTED ON AT THIS MEETING.

Amendments to the constitution and by-laws, offered at the Hot Springs meeting, to be presented at the next meeting in Little Rock, May, 1913, for adoption or rejection:

That Section 13, Chapter IX, of the by-laws be amended to read by inserting the words "on or before March 1 of each year," instead of "thirty days before the annual session."

That Section 14 of the same chapter be amended to read "thirty days" instead of "ten days."

Amendment to Section 5, Chapter V, of the by-laws: In addition to the section as it stands, the following shall be added: "No member shall be eligible to any office of this society who is not in attendance at the meeting at which the election is held."

"Be it Resolved, To amend Section 11 of Chapter IX of the by-laws to read as follows: 'Section 11. At a meeting on the second Tuesday of December of each year, each county shall elect its officers and a delegate or delegates,' etc."

"Be it Resolved, That Section 2, Article IX, of the constitution be amended to read as follows (following first sentence): 'The terms of the councilors shall be for three years, those first elected serving one year, two and three years, as may be arranged, so that after the first year three councilors shall be elected, after the second year three, and after the third year four, each to serve three years from his election.'"

"Be it Resolved, That Section 5, Chapter IX, of the by-laws be amended to read as follows: 'Section 5. (Following first paragraph of section.) Undergraduates possessing the other qualifications of membership may become members of the county society by complying with the following requirements:

"They shall apply to the president and secretary of their county society for membership. This application to be accompanied by a certificate of good character from the citizens of the applicant's community. This application is to be sent by the secretary of the county society, with accompanying certificate of character and suitable recommendation to a Board of Censors of the Arkansas Medical Society. This application shall be passed upon by this Board of Censors and returned to the county society with suitable recommendation as to its acceptance or rejection, after which it shall take the usual course of applications of graduates by being submitted to the vote of the county society and any other requirements."

"The action of the Board of Censors is not to be mandatory, but wholly advisory, and is merely an aid to protect the county society from undesirable members."

"Members coming in under this ruling shall be entitled to all the rights and privileges of all other members in both state and county societies, except that of holding office in the State Council."

## Personals and News Items.

### PERSONALS.

Dr. C. R. Shinault has returned from Chicago.

Dr. William W. Verser has moved from Brighton to Harrisburg.

Dr. Charles E. Robinson of Clarksville visited Little Rock last month.

Dr. E. E. Poynor has moved from Osage to Green Forest.

Dr. J. P. Runyan of Little Rock recently spent a few days at Rochester, Minn., visiting the Mayo clinics.

Dr. W. A. Snodgrass of Little Rock, counselor, Eighth District, attended a meeting of the Yell County Medical Society, April 8, at Ola.

The residence of Dr. J. H. Murphy of Big Fort was recently destroyed by fire. No insurance.

Dr. L. E. Sanders has been appointed city physician of Hot Springs.

Dr. M. J. Barlow has been elected city physician of Argenta.

Dr. C. S. Pettus of Little Rock visited El Dorado last month.

Dr. R. H. Von Ezdorf, surgeon United States Public Health Service, with Dr. F. L. Watkins, special officer of the United States Bureau of the Census, and Dr. Oscar Dowling state health officer for Louisiana, recently spent some time with the new Arkansas State Board of Health, assisting in framing a sanitary code and an adequate system for the Bureau of Vital Statistics.

Dr. L. E. Love of Dardanelle is visiting Dr. Friedmann in Providence, R. I., and will have him treat a tuberculosis patient from Dardanelle.

Dr. E. A. Campbell of Little Rock, representative of the Rockefeller Commission of the Arkansas State Board of Health, is in DeQueen investigating the hookworm disease in Sevier County.

Dr. Morgan Smith of Little Rock, member of the Speakers' Bureau of the American

Medical Association, by invitation from Prof. Conger, president of the Baptist College, addressed the citizens of Conway at the First Baptist Church, April 20. Dr. Smith's subject on this occasion was "Assets and Liabilities Considered from the Standpoint of Public Health."

A meeting of the Alienists and Neurologists of the United States is to be held in Chicago, June 24-27, 1913, the week following the meeting of the American Medical Association at Minneapolis.

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### PERRY COUNTY PHYSICIANS ORGANIZE.

On April 16, 1913, at Bigelow, the following physicians of Perry County met for the purpose of organizing a county medical society: Drs. E. S. Mathews, W. L. Reif, M. E. Howard, R. A. Jones, Edwin Kubale, W. H. Vermillion, J. M. Mathews, W. I. Blackwell, J. W. Cleveland, J. W. Burge, G. A. E. Martin, R. H. Huggins and F. R. Sweet.

The following officers were elected:

President—Dr. M. E. Howard.

Vice President—Dr. W. H. Vermillion.

Secretary and Treasurer—Dr. R. A. Jones.

Delegate to the State Society—Dr. E. S. Mathews.

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### TULANE ALUMNI MEETING.

Dr. Earle H. Hunt, secretary Tulane Alumni, Arkansas Branch, announces that there will be a Tulane Alumni banquet at the Marion Hotel at 10 p. m., May 21, 1913.

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### AMERICAN PROCTOLOGIC MEETING.

The medical profession is cordially invited to attend the fifteenth annual meeting of the American Proctologic Society, June 16 and 17, at Hotel Radisson, Minneapolis, Minn.

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### IRON MOUNTAIN SURGEONS' SMOKER.

On May 22, 9 p. m., at Hotel Marion, Little Rock, a smoker will be given by the Arkansas Association of St. Louis, Iron Mountain and Southern Railway Surgeons.

## County Societies.

### CRITTENDEN COUNTY.

(Reported by Dr. W. R. Blue, Sec'y.)

Parkin.—The Crittenden County Medical Society met in this city March 28 and elected the following officers: President, Dr. W. P. Hicks, Earle; vice president, Dr. J. H. Mathews, Earle; secretary and treasurer, Dr. W. R. Blue, Parkin; delegate to the Arkansas Medical Society, Dr. L. C. McVeigh, Marion; alternate, Dr. W. P. Hicks.

A strenuous effort is to be made to make Crittenden County Medical Society one of the strongest in the state.

### YELL COUNTY.

(Reported by Dr. J. R. Linzy, Sec'y.)

Dardanelle.—The Yell County Medical Society met at Ola, April 8. Members present: Drs. Robert Cowger, J. R. Linzy, A. D. Gillem, C. B. Linzy, J. L. Albright, W. R. Balinger, J. I. Harkey, M. A. Worshem, N. H. Jackson and W. A. Snodgrass of Little Rock, councilor of Eighth District.

The scientific session was as follows:

"Appendicitis"—By Dr. W. A. Snodgrass.

"LaGrippe"—By Dr. W. A. Snodgrass.

At the close numerous clinical cases were reported by members and discussion of interesting features followed.

Dr. Robert Cowger of Danville was elected as a delegate to the State Society.

### JEFFERSON COUNTY.

(Reported by Dr. J. T. Palmer, Sec'y.)

Pine Bluff.—The Jefferson County Medical Society met in this city April 1. Members present: Drs. Luck, Scales, Breathwit, Blackwell, Jenkins, Woodul, Stewart and Palmer.

The scientific session consisted of "Clinical Cases" by Drs. Blackwell and Stewart.

Drs. J. F. Crump and H. E. Williams, Jr., were elected to membership.

### ASHLEY COUNTY.

(Reported by Dr. A. E. Cone, Sec'y.)

Portland.—The Ashley County Medical Society met April 22, 1913, at Montrose. After the scientific session the following officers were elected:

President—Dr. A. D. Knott, Wilmot.  
Secretary and Treasurer—Dr. A. E. Cone, Portland.

Delegate to the State Society—Dr. B. F. George, Parkdale.

Alternate—Dr. E. M. Scott, Hamburg.

### WOODRUFF COUNTY.

(Reported by Dr. L. E. Biles, Sec'y.)

Augusta.—The Woodruff County Medical Society met in open session at the school auditorium in this city April 23. Members present: Drs. R. N. Smith, R. Q. Patterson, O. E. Puckett, C. E. Dungan and L. E. Biles of Augusta, T. B. Bradford of Cotton Plant. The program for the evening was as follows:

Overture—Orchestra.

Invocation—Rev. Wilcoxon.

Address—A. L. Hutchins.

Solo—Miss Cleona Quiet.

Address—Dr. T. B. Bradford.

Music—Orchestra.

Vocal Music—Ferguson, Quiet and Haralson.

## Died.

**Bourland**—At Van Buren, Ark., April 23, 1913, Dr. A. M. Bourland of Van Buren, aged 88 years.

Dr. Bourland was born in Franklin County, Alabama, in 1825. In 1857 he graduated from the Medical Department of the University of Tennessee, and has resided in Van Buren since 1864. He is survived by two sons, Dr. O. M. Bourland of Van Buren, and T. D. Bourland of Fort Smith, and two daughters, Mrs. Ellen Bruun of Van Buren and Mrs. Burkfield of New Berlin, Conn.

Dr. Bourland was known all over Northwest Arkansas for his many charitable deeds, and was a universally loved resident of Van Buren.

## Book Reviews.

**The Career of Dr. Weaver.**—A novel, by Mrs. Henry Backus. Cloth, decorative, illustrated; 12 mo., pp. 373; postpaid, \$1.40. L. C. Page & Co., Boston.

In this book are to be found many moral lessons, not only to the doctor, but to the laymen who are interested in furthering and extending the Public Health Service.

While the originality of the plot and the thread of romance running through it is a fascinating one, the chief appeal is in its truthful portrayal of conditions in the medical world.

The most startling feature of the book is the way its author has torn aside the curtain and revealed certain phases of the relationship between the medical profession and society. Certain ethical obliquities and certain moral obtundities are exposed in all their nakedness. The proprietary hospital, the public clinic, the commercial medical essay, the self-exploiting doctor and the vice of fee splitting are here justly considered among the various sinister influences now operative in our social complex.

It may be said that the hero, Dr. Jim, exemplifies those very impulses which stand today for the most progressive type of physician—the large physician, the man who, being a physician, is at the same time a full-fledged citizen—and something more.

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**International Clinics.**—A quarterly of illustrated clinical lectures and original articles on treatment, medicine, surgery, etc., of interest to students and practitioners; especially prepared by leading members of the medical profession throughout the world. Volume I. Twenty-third series, 1913. J. B. Lippincott Company, Philadelphia. Price, \$2.00.

In this volume the section on diagnosis and treatment is exceptionally good. Under the head of surgery we find, among other excellent articles, an illustrated report of ten cases operated upon for Potts' disease of the spine, by Albel's method of bone grafting. By J. Torrance Rugh, M. D., Philadelphia. The last chapter consists of over 100 pages and is an article on "The Progress of Medicine During the Year 1912," by Dr. Henry W. Cattell, A. M.; M. D., and Lucius W. Johnson, D. D. S., M. D. This alone is worth the price of the book.

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**Progressive Medicine.**—A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by H. A. Hare, M. D., assisted by L. F. Appleman, M. D., March 1,

1913; pp. 361. Published by Lea and Febiger, Philadelphia. Price, \$6.00 per annum.

The first article of this number is on the "Surgery of the Head, Neck and Thorax," by Charles H. Frazier, M. D., Philadelphia. Other interesting subjects treated are the infectious diseases, including acute rheumatism, croupous pneumonia and influenza; diseases of children; rhinology, laryngology and otology.

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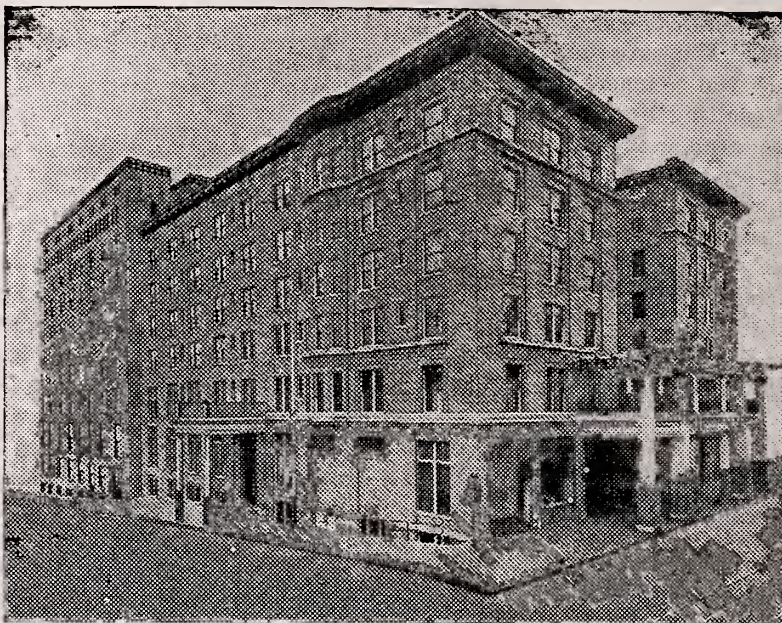
**Nervous and Mental Diseases—For Students and Practitioners.**—By Charles S. Potts, M. D., professor of neurology in the Medico-Chirurgical College of Philadelphia. New (third) edition, enlarged and thoroughly revised. In one 12-mo. volume of 610 pages, with 141 engravings and six full-page plates. Price, cloth, \$2.75 net. Lea & Febiger, publishers, Philadelphia and New York, 1915.

Diseases of the mind and nervous system are among the most intricate and difficult of comprehension of all subjects in medicine, and yet the general practitioner, who probably has not devoted special study to this department, is almost invariably the one who first meets these cases and refers them to the alienist. A medium-sized work, short, clear and to the point, is therefore a great desideratum, and this has been shown in the demand which has brought Professor Potts' book to its third edition. In this new revision the chapter on general symptomatology and methods of examination has been amplified. A description of tie embodying the present-day view of that disorder, and short descriptions of myotonia atrophica, progressive lenticular degeneration and dysbasia lordotica deformans have been added. The importance of the examination of the cerebro-spinal fluid and determination of the existence of the Wassermann reaction in the diagnosis of certain diseases of the nervous system has been realized and the latest views incorporated. In brief, the work includes the most recent advances. It is extremely well illustrated; and a better book for the purposes of the general practitioner or for the college student would be hard to find.

# Convention Headquarters

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